

***SOUTH CAROLINA DEPARTMENT OF
ALCOHOL AND OTHER DRUG ABUSE SERVICES
(DAODAS)***

***Budget Request
Fiscal Year 2017-2018***

***Healthcare Budget Subcommittee
House Ways and Means Committee***

January 18, 2017



South Carolina Department of Alcohol and Other Drug Abuse Services

NIKKI R. HALEY
Governor

SARA GOLDSBY
Acting Director

January 18, 2017

The Honorable G. Murrell Smith, Jr., Chairman
The Honorable William "Bill" Clyburn
The Honorable Jimmy Bales
The Honorable Garry R. Smith

Healthcare Budget Subcommittee
House Ways and Means Committee
South Carolina State House of Representatives
Columbia, South Carolina 29201

Dear Mr. Chairman:

The Department of Alcohol and Other Drug Abuse Services (DAODAS) respectfully submits the following Fiscal Year 2017-2018 budget plan for your consideration.

In the current fiscal year, DAODAS received \$1.75 million in state general recurring funds for the expansion of substance use disorder services to address the opiate epidemic that has swept the nation. The request was a direct result of the agency's participation in the Governor's Prescription Drug Abuse Prevention Council and included recommendations to expand therapy and medically managed opioid abuse treatment. The agency also received \$3 million from the Capital Reserve Fund to address deferred maintenance for Act 301 alcohol and drug treatment facilities.

For Fiscal Year 2017-2018, DAODAS is again requesting \$3 million in infrastructure funding for Act 301 alcohol and drug treatment facilities. In addition, the agency is seeking various budget authorization adjustments that are detailed in the subcommittee's briefing materials. Finally, we are requesting a \$50,000 allocation from the unclaimed prize fund of the Lottery Expenditure Account for gambling addiction, as required by state statute.

Thank you for your consideration. If you have any questions concerning this request, please do not hesitate to call on me.

Sincerely,

Sara Goldsby
Acting Director

SG/sld/jmm

DAODAS

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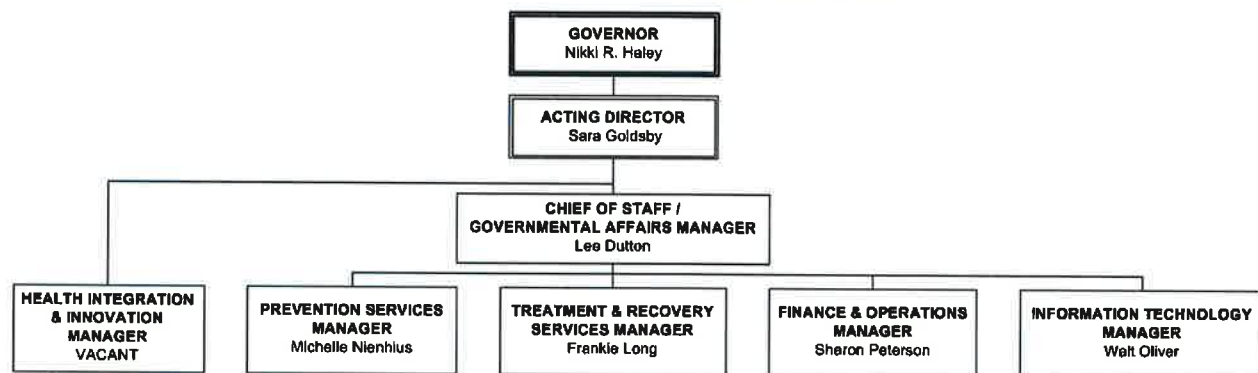
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South Carolina Department of Alcohol and Other Drug Abuse Services Key Contacts

1. **Sara Goldsby, Acting Director**
[REDACTED]
2. **Stephen L. Dutton, Chief of Staff**
[REDACTED]
3. **Sharon Peterson, Finance and Operations Manager**
[REDACTED]

Organizational Chart

South Carolina Department of Alcohol and Other Drug Abuse Services (1/18/17)



South Carolina Department of Alcohol and Other Drug Abuse Services

Fiscal Year 2015-2016 Accountability Report Summary

Strategic Planning

Throughout FY16, departmental staff continued a rigorous process of updating the agency's strategic plan to transform the organization so that it could best meet the challenges inherent in planning, coordinating, and delivering addiction services.

Emerging from the process is a new working mission statement that focuses more broadly on the total health status of South Carolinians: *To ensure the availability and quality of a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina*

Three strategic visions were identified and include; 1) ensuring an accessible services menu within each community; 2) a focus on continuous quality improvement to create basic quality measures and baseline requirements; and 3) collaboration and integration of physical and behavioral health care to improve outcomes of patients, families, and communities. Measurable strategies and objectives have been identified and will be measured during the coming year.

Treatment Collaboration

The agency continued working with the Department of Social Services (DSS) to better identify clients within the social services system who might need substance use disorder (SUD) services and to ensure a workable referral system. During FY16, DAODAS and DSS continued their partnership to develop mechanisms for increasing the effectiveness of programs administered by that agency by leveraging the resources of DAODAS and its partners, and a contract was signed to fund SUD counselors who were collocated in DSS offices to identify and assess clients for substance use and abuse. This included drug testing, screening, and assessment services for DSS-involved families. To date, all 32 county alcohol and drug abuse authorities have hired staff and implemented the program of drug testing and the provision of services. Since the inception of the contract and through March 31, 2016, more than 5,300 unduplicated clients were served. Over 1,500 clients entered treatment. DAODAS is continuing to expand this effort during fiscal year 2017.

Prescription Drug Abuse

In November 2011, the federal Centers for Disease Control and Prevention classified prescription drug abuse as a national epidemic. In May 2013, South Carolina's Inspector General published a report highlighting the fact that South Carolina lacked a statewide strategy to address this problem for the many citizens who struggle with prescription drug abuse, illustrating that the state ranked 23rd highest per capita in both opioid painkiller prescriptions and in overdose deaths (2011). On March 14, 2014, Governor Nikki Haley signed an Executive Order establishing the Governor's Prescription Drug Abuse Prevention Council charged with developing a comprehensive state plan to combat and prevent prescription drug abuse.

In 2015, the council, co-chaired by former DAODAS Director Bob Toomey, released more than 50 recommendations in eight priority areas, with a focus on prescribers, the South Carolina

Prescription Drug Monitoring Program (SCPDMP), pharmacies, third-party payers, law enforcement, treatment, education and advocacy, and data and analysis.

Work continued during FY16 to implement several of the recommendations. Working with council partners, notable successes include:

- The number of prescribers and pharmacists now registered and using the prescription drug tracking program has increased (estimated at 85%, up from 22% two years ago).
- Two major insurance carriers (South Carolina Public Employee Benefit Authority and South Carolina Healthy Connections – Medicaid) are requiring contracted prescribers to use the SCPDMP tracking program.
- DAODAS is rolling out broad support to local treatment providers that will allow access to medication for citizens with opioid use disorder.
- DAODAS is partnering with the Department of Health and Environmental Control and the Fifth Judicial Circuit Solicitor's Office to develop a training and tracking system for law enforcement officers to intervene with opioid overdoses (with more than 450 police and sheriff's officers trained to date).
- There are an increased number of sites around the state that host permanent collection receptacles for unused prescription drugs, and four county coalitions have been granted prevention programming funds to target prescription drug misuse.

In FY16, the Governor included \$1.75 million in her Executive Budget to develop and expand a program of medication-assisted treatment (MAT) throughout South Carolina. The General Assembly funded this effort for FY17. Funds will go to pay for medications, physician services, counselor therapies, and naloxone reversal kits. During FY16, DAODAS hired a Medical Director to assist in the development and expansion of MAT across the behavioral healthcare system and to work with Federally Qualified Health Centers on behavioral health models. Finally, the department implemented a prevention grant during the year to address youth and prescription drug abuse.

Infrastructure

Quality of county authority infrastructure is a factor in the level of access, engagement, and duration of treatment. DAODAS has launched an initiative to improve system infrastructure. This plan reflects an overall priority focus on the more rural providers, and within that view, those with higher levels of need as indicated by both health status factors and substance use disorder prevalence indicators. These indicators include alcohol impairment deaths, alcohol-related emergency room discharges, opioid deaths, rate of specialty mental health care, rate of health attaches and diabetes, and other demographic indicators.

The department has developed a provider need metric based on these criteria. In FY17, \$3 million was distributed. The specific funding priority will also consider urgency as reflected by critical timing or quality issues such as DHEC, CARF, or ADA issues. Additional weight will be given to "shovel readiness" and, in certain cases, to the availability of local match.

Fiscal Year 2015-16 Accountability Report

SUBMISSION FORM

AGENCY MISSION

DAODAS MISSION STATEMENT:

To ensure the availability and quality of a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina.

AGENCY VISION

DAODAS VISION STATEMENT:

DAODAS will be an innovative leader, facilitating effective services and compassionate care through a network of community partnerships and strategic collaborations.

Please state yes or no if the agency has any major or minor (internal or external) recommendations that would allow the agency to operate more effectively and efficiently.

RESTRUCTURING RECOMMENDATIONS:


Yes

Please identify your agency's preferred contacts for this year's accountability report.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Stephen L. Dutton	803-896-1142	sldutton@daodas.sc.gov
SECONDARY CONTACT:	Sharon Peterson	803-896-1145	speterson@daodas.sc.gov

AGENCY NAME:	South Carolina Department of Alcohol and Other Drug Abuse Services		
AGENCY CODE:	J20	SECTION:	37

I have reviewed and approved the enclosed FY 2015-16 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN AND DATE):	
(TYPE/PRINT NAME):	Sara Goldsby, Acting Director
BOARD/CMSN CHAIR (SIGN AND DATE):	
(TYPE/PRINT NAME):	

AGENCY NAME:	South Carolina Department of Alcohol and Other Drug Abuse Services		
AGENCY CODE:	J20	SECTION:	37

AGENCY'S DISCUSSION AND ANALYSIS

The use of alcohol, tobacco, and other drugs (ATODs) affects South Carolinians of all ages and from all walks of life. Problems resulting from these substances surface in our homes and schools, on our roads and highways, and in our workplaces and criminal justice system. Abuse of tobacco, alcohol, and illicit drugs is costly to our nation, exacting more than \$700 billion annually in costs related to crime, lost work productivity, and healthcare costs; the costs for South Carolinians are estimated at approximately \$5 billion per year.

Recognizing the need for direct services for the general public, as well as for specific high-risk groups, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) purchases a wide array of prevention, intervention, treatment, and recovery services through a community-based system of care. DAODAS subcontracts with 32 county alcohol and drug abuse authorities to provide the majority of direct services to citizens in all 46 counties of the state. The department also contracts with a range of public and private service providers to address substance abuse services throughout South Carolina. Since the county alcohol and drug abuse authorities were created in 1973, they have provided intervention and treatment services to more than 2.54 million South Carolinians and touched the lives of countless individuals and families through the many prevention activities coordinated and provided by this system.

DAODAS estimates that approximately 386,000 individuals in South Carolina are suffering from substance abuse problems that require immediate intervention and treatment. With a problem of this magnitude, the department must continue to ensure that individuals and families access the vital core services purchased by DAODAS through the statewide system of county alcohol and drug abuse authorities (i.e., the local provider network), as well as other public and private contractors. During fiscal year 2016 (FY16), DAODAS and its service network provided an estimated 40,000 episodes of care.

Mission and Values

The DAODAS mission statement focuses on achieving positive health outcomes and increasing the quality of life of South Carolinians:

"To ensure the availability and quality of a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina."

At the heart of this statement are the agency's core values of Accountability, Collaboration, Integrity, Leadership, Trust, Respect, and Accomplishment.

DAODAS Strategic Direction

Capitalizing on 59 years of success in ensuring access to substance abuse services for the citizens of South Carolina, and throughout FY16, the department continued to provide the necessary leadership toward a refined strategic direction for the agency, as well as the direction of the substance abuse field. This direction included the improvement of the effectiveness of the public and private provider system to strive for long-term client outcomes and recovery. System-wide, the goals for FY16 were to continue implementing a coordinated system of care; to implement research- and science-based protocols that increase chances for recovery; and to move toward a formula-based federal block grant funding decision process, to enhance the performance of providers, and ultimately to achieve improved health outcomes for clients.

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Specific areas of focus included: increased capacity of service providers to serve the state's citizens in need of substance abuse prevention, intervention, treatment, and recovery services, thereby impacting access disparities, enhancing individual, family and community outcomes, and increasing coordination efforts; healthcare/behavioral health integration; and focusing on the agency's overarching goal of achieving sustainable recovery for the clients it serves.

2016 Major Achievements

To meet the continuing demand for substance abuse services, DAODAS took a proactive approach to serving its key customers during FY16, continuing to reach the agency's overarching goal of achieving sustainable recovery for substance-abusing clients, while reducing use, abuse, and harm and thereby improving healthcare outcomes. In keeping with the strategic plan and the visionary goals, the following achievements are highlighted:

Strategic Planning

Throughout FY16, departmental staff continued a rigorous process of updating its strategic plan to transform the organization so that it could best meet the challenges inherent in planning, coordinating, and delivering addiction services.

Emerging from the two-year process is a new working mission statement (*see above*), which focuses more broadly on the total health status of substance abuse clients, families, and communities. Staff also agreed on core values, a vision for the agency, and most importantly, three strategic visions that will guide the agency over the next several years. These three strategic visions (Key Performance Areas) include ensuring an accessible services menu within each community; a focus on continuous quality improvement to create basic quality measures and baseline requirements; and collaboration and integration of physical and behavioral health care to improve outcomes of clients, families, and communities.

Going forward, the department will use a modified Balanced Scorecard approach. The Balanced Scorecard is a communication tool, measurement plan, and strategic management system. The approach provides a mechanism for organizations to link mission, vision, and activity by providing continuous feedback around internal business processes and external outcomes critical to the agency's strategy. Linking strategy to highlighted goals provides a communication platform for quality improvement activities at all levels of the organization (agency, team, and individual).

Ensuring Accessible Services

Prevention

Prevention services are the use of evidence-based approaches to create or enhance environmental conditions within communities, families, schools, and workplaces to protect individuals from substance abuse and to help them develop personal decision-making skills to reduce the risk of alcohol-, tobacco-, and other drug-related problems.

In FY16, DAODAS continued to emphasize prevention programs associated with the reduction of underage drinking. The Alcohol Enforcement Team (AET) effort focuses on community coalition maintenance and development, merchant education, and law enforcement partnerships to reduce underage drinking activities. AETs seek to promote an evidence-based environmental prevention message to reduce alcohol use and its harmful consequences, coupled with active public education. Specific activities include alcohol compliance checks at retail outlets, bars, and restaurants; public safety checkpoints; and party dispersal. Merchant training is also a priority.

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Evidence-based programming is provided across the state; outcomes show that prevention works and has a significant impact on quality-of-life indicators, as well as forestalling chronic disease in South Carolina. Prevention data also show that children and youth are using harmful substances less as a result of receiving prevention services; this indicator is normally associated with intervention activities. Outcomes for multi-session prevention education programs for youth during fiscal year 2015 (FY15) included a 26.2% reduction in the number of marijuana users; a 18.6% reduction in cigarette use; a 28% reduction in alcohol use; and a 21.8% reduction in the use of other illegal drugs.

Data show that prevention efforts are positively impacting the goal of reducing underage drinking in South Carolina. Data highlights that under the agency's leadership, community programs have resulted in a reduction of underage drinking. Activities include public safety checkpoints (1,125 – FY15). Over 321 DUIs were recorded during these checkpoints, 155 felony arrests made, 176 fugitives apprehended, and 18 stolen vehicles recovered.

During FY16, the department continued compliance with the Family Smoking Prevention and Tobacco Control Act, which granted authority for the regulation of tobacco products to the Food and Drug Administration (FDA) to reduce tobacco use by youth. Eight commissioned FDA inspectors are employed by DAODAS to conduct tobacco product inspections at retail outlets throughout the state. As of July 2016, inspectors had made more than 8,339 certified inspections. Inspectors recorded a 9.2% violation rate, which includes violations of underage sales, as well as advertising and labeling infractions.

Treatment Collaboration

The department continued working with the Department of Social Services (DSS) to better identify clients within the social services system who might need substance abuse services and to ensure a workable referral system. During FY16, DAODAS continued to partner with DSS to develop mechanisms for increasing the effectiveness of programs administered by that agency by leveraging the resources of DAODAS and its partners, and a contract was signed to fund alcohol and drug abuse counselors who were collocated in DSS offices to identify and assess clients for substance use and abuse. This included drug testing, screening, and assessment services for DSS-involved families. To date, 32 local providers have hired staff and implemented the program of drug testing and the provision of services. Since the inception of the contract and through March 31, 2016, more than 5,300 unduplicated clients were served. Over 1,500 clients entered treatment. DAODAS will continue to expand this effort during fiscal year 2017.

Prescription Drug Abuse

In November 2011, the federal Centers for Disease Control and Prevention classified prescription drug abuse as a national epidemic. In May 2013, South Carolina's Inspector General published a report highlighting the fact that South Carolina lacked a statewide strategy to address this problem for the many South Carolinians who struggle with prescription drug abuse, illustrating that the state ranked 23rd highest per capita in both opioid painkiller prescriptions and in overdose deaths (2011). On March 14, 2014, Governor Nikki Haley signed an Executive Order establishing the Governor's Prescription Drug Abuse Prevention Council charged with developing a comprehensive state plan to combat and prevent prescription drug abuse.

In 2015, the council, co-chaired by former DAODAS Director Bob Toomey, released more than 50 recommendations in eight priority areas, with a focus on prescribers, the South Carolina Prescription Drug Monitoring Program (SCPDMP), pharmacies, third-party payors, law enforcement, treatment, education and advocacy, and data and analysis.

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Work continued during FY16 to implement several of the recommendations. Working with council partners, notable successes include: The number of prescribers and pharmacists now registered and using the prescription drug tracking program has increased (estimated at 85%, up from 22% two years ago). Two major insurance carriers (South Carolina Public Employee Benefit Authority and South Carolina Health Connections – Medicaid) are requiring contracted prescribers to use the tracking program (SCPDMP). DAODAS is rolling out broad support to local treatment providers that will allow access to medication for citizens with opioid use disorder. DAODAS also is partnering with the Department of Health and Environmental Control and the Fifth Judicial Circuit Solicitor's Office to develop a training and tracking system for law enforcement officers to intervene with opioid overdoses (with more than 450 police and sheriff's officers trained to date). There are an increased number of sites around the state that host permanent collection receptacles for unused prescription drugs, and four county coalitions have been granted prevention programming funds to target prescription drug misuse.

In FY16, the Governor included \$1.75 million in her Executive Budget to develop and expand a program of medication-assisted treatment (MAT) throughout South Carolina. The General Assembly funded this effort for FY17. Funds will go to pay for medications, physician services, counselor therapies, and naloxone reversal kits. During FY16, DAODAS hired a Medical Director to assist in the development and expansion of MAT across the behavioral healthcare system and to work with Federally Qualified Health Centers on behavioral health models. Finally, the department implemented a prevention grant during the year to address youth and prescription drug abuse.

Recovery

Recovery-oriented systems of care in local communities are the cornerstone of achieving sustained recovery and encompass a focus on creating infrastructure with resources to effectively address the full range of substance abuse problems within the community.

Former Director Toomey continued to take an active role in supporting behavioral health advocacy groups, including the local and state chapters of Faces and Voices of Recovery (FAVOR). Six FAVOR chapters exist across the state, all with the goal of recovery support. Notably, the Greenville FAVOR chapter continued to operate a comprehensive crisis and referral line, provide recovery interventions, provide recovery phone support and outreach, and host recovery-based support meetings.

FAVOR South Carolina continues to assist in the expansion of peer-support services within the substance abuse provider network. Peer support is aimed at training individuals to assist clients new to recovery in order to remove barriers and obstacles to recovery that often prohibit long-term success. DAODAS spearheads the peer-support training in association with FAVOR South Carolina.

Director Toomey continued to focus on recovery through the support of transitional housing that will increase recovery prospects for substance-abusing individuals. The contract with Oxford House Inc. continued during FY16. Oxford House is an organization that establishes self-sustaining residences for individuals in recovery from substance use disorders. In partnership with Oxford House, an Outreach Coordinator continued to work to increase these housing opportunities. To date, there are 38 Oxford Houses in South Carolina, with 264 available beds.

Continuous Quality Improvement

To further integrate research-based best practices into treatment protocols, DAODAS continued its contract with a national expert to maintain a clinical training initiative for addiction counselors. To date, 116 clinicians

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across the state have engaged in this effort. Participants include a 2012 Cohort, 2014 Cohort, 2015 Charleston Cohort, and two Cohorts in 2016. FY17 will bring the addition of two new cohorts in Berkeley and Horry counties. Participating clinicians meet monthly in ongoing Regional Learning Teams to sustain implementation and continued learning.

This clinical initiative has been infused with the principles of implementation science, which indicate that training alone has not been shown to support ongoing refinement of clinical skills. Thus, clinicians engaged in the initiative submit recordings of their Modified Interpersonal Group Psychotherapy (MIGP) groups, and their clinical work is coded using a comprehensive MIGP fidelity scale (the MIGP Inventory), the development of which was funded by DAODAS. Clinicians receive feedback on how faithfully they are delivering MIGP in its intended manner. They subsequently receive related coaching to enhance their skills as they continue to work toward proficiency and competency in providing MIGP.

With the knowledge of implementation science practice-based treatment, it is expected that clients will directly see the benefit with increased recovery outcomes.

Block Grant Assessment and Service Reimbursement

During FY15, former Director Toomey led the effort to establish a block grant assessment payment mechanism for the uninsured. In short, dollars were contracted to fund priority treatment for uninsured individuals and to reduce financial barriers to treatment. The department projected that more than 4,000 assessments would be provided. Through June 30, 2015, over 5,300 assessments were provided to the uninsured. This effort ties directly to the agency's goal of increasing the capacity of service providers in treating South Carolinians in need of services. During FY16, 8,609 assessments were provided to the uninsured. Due to the success of this effort, DAODAS will expand the effort to pay for services for the uninsured during FY17. The goal is to remove barriers to treatment and to increase retention.

Health Care Integration

The department was successful during fiscal year 2014 in contracting with the Department of Health and Human Services (DHHS) to invest a percentage of funds received from the Attorney General's Office as a result of various legal action awards (i.e., settlements) won against pharmaceutical firms. DHHS agreed to transfer \$3 million to mitigate the long-term and economic costs of addictive disorders, and to reduce the liability associated with these disorders represented by a disproportionately high rate of co-occurring chronic physical disease. Known as the Recovery Program Transformation & Innovation Fund (RPTIF), three priority areas were funded, to include improving access to services, service engagement, and collaboration/integration of services. Ten contracts were awarded in mid-2014 for 18 months. The University of South Carolina's College of Social Work has been evaluating these efforts in the areas of improving access to services, improving service engagement, and enhancing collaboration and integration of services. As these projects come to a close, the evaluation has revealed success in improving access to services by using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model in hospitals and jails, improving service engagement utilizing community supports, and enhancing collaboration by providing services to women and families.

DHHS agreed to contract \$3 million in RPTIF funds in FY15 to cover the following program areas: increased access via technology investments; collaboration and disparity reduction with a focus on prescription drug abuse; workforce development; recovery support; and the continuation of expanding inpatient services for pregnant women and family services. These awards were contracted in calendar year 2015.

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A third round of initial funding was awarded during FY16. Areas of focus included medication-assisted treatment, prescription drug abuse, integration of behavioral health services, adolescent and family services, and infrastructure development.

Healthy Outcomes Plan (HOP)

Continuing through FY16, DAODAS worked with DHHS to ensure that the substance abuse treatment system was included in efforts to reduce chronic disease under the auspices of a DHHS budget proviso (Hospital and Clinic Innovation / Medicaid Accountability and Quality Improvement - Healthy Outcomes Plan [HOP]). Several of the county alcohol and drug abuse authorities are currently working closely with local hospitals to treat uninsured individuals identified as HOP clients who may also be diagnosed with a substance use disorder. During FY16, local alcohol and drug abuse providers, now defined as safety net providers, received \$2 million to further provide substance abuse services for identified HOP clients as well as low-income uninsured clients. The legislature appropriated \$1.6 million for FY17, which includes efforts to have funding follow the client outside the county of origin and into needed services across the substance abuse system.

Risk Management and Mitigation Strategies

Capitalizing on more than 59 years of success in ensuring access to substance abuse services for the citizens of South Carolina, throughout FY16 the department continued to improve of the effectiveness of the public and private provider system, striving for long-term client outcomes and recovery. System-wide, the goals for FY16 were to continue implementing a coordinated system of care, to implement research- and science-based protocols that increase chances for recovery, and to move toward a formula-based federal block grant funding decision process that will enhance the performance of providers and ultimately achieve improved health outcomes for clients.

Should the agency not reach its goals in delivering efficient and effective prevention, treatment, and recovery services, the negative impact on the citizens of South Carolina would include an increase in overall healthcare costs and a rise in addiction that would impact the workforce, the economic engine of this state, and ultimately the quality of life of all South Carolinians. Collateral impacts include a rise in underage drinking and DUI crashes, a shortened life span, and increased co-morbidities in chronic disease.

DAODAS would rely on its partnerships with the Governor's Office, the South Carolina General Assembly, sister state agencies, law enforcement, and the entire behavioral and medical healthcare community to mitigate these impacts. DAODAS suggests the following:

1. Continued attention to the disease of substance use disorder and a possible rise in addiction and needed services should a medical marijuana bill be enacted. Funding should be increased to address diversion and to provide for the prevention of youth access to marijuana and treatment for those who become addicted.
2. A focus on DUI policy to decrease drunken driving and car crashes. South Carolina ranks in the "top 5" of alcohol-related highway car crashes and deaths. Mandatory server training should be reviewed.
3. A focus on telehealth expansion and allowing reimbursement for a range of medical and behavioral services provided through this technology.

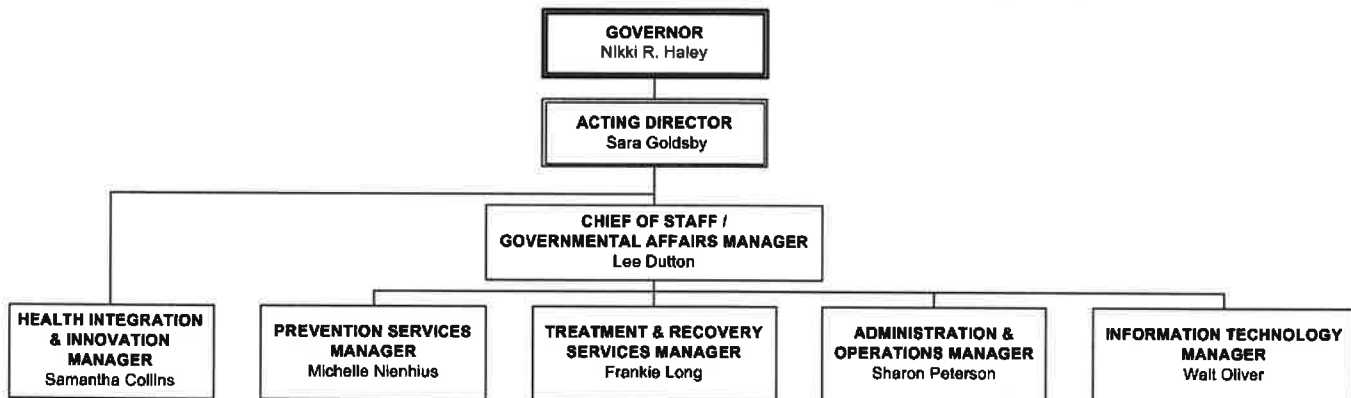
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Restructuring Recommendations

The department previously stated in a 2016 House Oversight Committee hearing that – should the legislature consider a comprehensive restructuring of health agencies – DAODAS would recommend a study of consolidating the agency with the Department of Health and Human Services. Both agencies are structured administratively to provide oversight and policy leadership to contracted providers. The decision rests within the jurisdiction of the General Assembly, and the agency will work with the Governor’s Office and the General Assembly to develop and outline a plan for restructuring, as directed.

Organizational Chart

South Carolina Department of Alcohol and Other Drug Abuse Services (9/14/16)



Agency Name: **South Carolina Department of Alcohol and Other Drug Abuse Services**

Fiscal Year 2016-17
Accountability Report

Agency Code: **J20** Section: **Section 37**

Strategic Planning Template

Type	Goal	Item # Strat	Object	Associated Enterprise Objective	Description
G	1			Healthy and Safe Families	Create an Accessible Continuum of Effective Services within Each Community in 2017
S		1.1			Reduce Youth and Young Adult use of Alcohol, Tobacco and other Drugs.
O		1.1.1			Implement Alcohol Enforcement Team activities throughout the state during 2017.
O		1.1.2			Implement an additional 3 evidence-based environmental strategies to target root causes of underage drinking.
O		1.1.3			Train additional local law enforcement and prevention professionals on strategies to reduce underage drinking.
O		1.1.4			Collaborate to create or revise local policies that may help to reduce underage drinking in counties across the state.
O		1.1.5			Benchmark the 2013 Youth Risk Behavior Survey for youth prescription drug abuse; plan for program implementation.
O		1.1.6			Secure the transfer of Server Education Program approval authority to DAODAS.
O		1.1.7			Implement the Youth Tobacco Study to measure the retailer violation rate in the state; keep buy rates at below 10%.
O		1.1.8			Implement evidence-based environmental strategies targeting underage drinking in areas of alcohol-related crashes.
O		1.1.9			Increase Prevention Service Menu Options by 5%.
S		1.2			Increase Access to a Continuum of Evidence Based Substance Disorder Services
O		1.2.1			Increase treatment service admissions by 10%.
O		1.2.2			Increase the number of pregnant women who access treatment and recovery services: 5%
O		1.2.3			Increase the number of admissions from the Department of Social Services by 10%.
O		1.2.4			Increase Department of Correction referrals to SUD treatment by 5%.
O		1.2.5			Provide additional Peer Support Trainings to implement recovery support services in provider systems.
O		1.2.6			Increase the number of Oxford Houses by 5 in South Carolina in 2017.
S		1.3			Increase Services to Clients Suffering from Prescription Drug Abuse

Agency Name: **South Carolina Department of Alcohol and Other Drug Abuse Services**

**Fiscal Year 2016-17
Accountability Report**

Section: **Section 37**

Section: **J20**

Strategic Planning Template

Type	Goal	Item # Strat	Object	Associated Enterprise Objective	Description
O			1.3.1		Expand Medication Assisted Treatment (MAT) options across the SUD Provider Network in 2017.
O			1.3.2		Increase Capacity of numbers served with prescription or opioid drug abuse.
O			1.3.3		Implement recommendations of the PDAP report related to SUD.
G	2			Public Infrastructure and Economic Development	Become a Leader in the Delivery of World Class Quality Services by 2020
S		2.1			Reduce the State's Substance Abuse Disorder Prevalence Rate
O			2.1.1		Increase the use of Federal Block Grant funds to provide services for the uninsured seeking SUD services by 5%.
O			2.1.2		Increase stakeholder satisfaction with Service Delivery Experience.
O			2.1.3		Increase Evidence Based Program Initiatives with Fidelity Monitoring by 3%.
O			2.1.4		Increase the Number of Local County Plan Strategic Goals Meeting/Exceeding Performance Goals by 5%.
O			2.1.5		Ensure Accurate Electronic Record Data Reporting.
O			2.1.6		Implement SCHIEF For Reimbursement of Provider Network in 2017, as applicable.
S		2.2			Focus Work Force Development to Increase Health Outcomes
O			2.2.1		Continue to integrate research based practices into treatment protocols in 2017.
O			2.2.2		Increase training opportunities in evidence based programs in prevention, treatment and recovery by 5%.
O			2.2.3		Collaborate with LLR to implement a license for alcohol and drug abuse professionals in 2017.
O			2.2.4		Increase DAODAS Employee Workforce Development and Continuing Education Opportunities by 5%.
G	3			Government and Citizens	Become a Leader in Collaboration and Integration
S		3.1			Increase Integration Efforts with Local and State Partners
O			3.1.1		Provide Leadership in the Successful Implementation of all PDAP (Prescription Drug Abuse Plan) Recommendations during 2017.
O			3.1.2		Increase collaborations revising local policies targeting underage alcohol access/use by (5%).

Agency Name: **South Carolina Department of Alcohol and Other Drug Abuse Services**

Fiscal Year 2016-17
Accountability Report

Agency Code: **J20** Section: **Section 37**

Strategic Planning Template

Type	Goal	Item # Strat	Object	Associated Enterprise Objective	Description
O			3.1.3		Increase local partnerships targeting substance use disorder treatment service delivery by (5%).
O			3.1.4		Increase the number of state/local agencies purchasing prevention, treatment, and recovery services by (5%).
O			3.1.5		Increase the Referral Service Volume and Diversity
S		3.2			Increase the Efficiency and Effectiveness of Treatment Programs
O			3.2.1		Increase the number of individuals who report sustained recovery in 2017.
O			3.2.2		Increase the number of individuals who report employment as a result of completing treatment in 2017.
O			3.2.3		Increase the number of individuals who access treatment within two working days of intake in 2017.
O			3.2.4		Increase the number of individuals who access service within six working days after an assessment in 2017.
S		3.3			Increase Services to the Uninsured
O			3.3.1		Continue to Coordinate with DHHS to implement the Healthy Outcomes Program for SUD.
O			3.3.2		Support funding for local substance abuse providers as safety net providers; increase referrals in 2017 by 5%.
O			3.3.3		Identify local plans that execute community engagement for all SUD services.
O			3.3.4		Increase services to Non-AOD diagnosed clients in 2017.
O			3.3.5		Increase services to co-occurring clients in 2017.
S		3.4			Increase Integration with Physical and Specialty Healthcare Providers
O			3.4.1		Screen pregnant women using an evidence based screening tool for substance abuse (SBIRT).
O			3.4.2		Screen adults in primary care and community health settings for substance abuse.
O			3.4.3		Implement state level system and policy change by using SBIRT as the standard of care in health care settings.
O			3.4.4		Increase trained health care professionals in the use of the SBIRT tool by 5%.
O			3.4.5		Increase Health Care Professionals attending DAODAS/HHS Sponsored Training Initiatives by 5%
O			3.4.6		Increase the number of treatment admission from local healthcare providers by 5%.
S		3.5			Implement Treatment and Recovery Technology

Agency Name: **South Carolina Department of Alcohol and Other Drug Abuse Services**

Agency Code: **J20** Section: **Section 37**

Strategic Planning Template

Type	Goal	Item # Strat	Object	Associated Enterprise Objective	Description
O		3.5.1			Expand Tele-Health services for substance abuse services in 2017.
O		3.5.2			Increase the Number of Providers Implementing Innovative Menu Enhancements (Technology, Recovery Support, MAT).
O		3.5.3			Identify local plans that execute community engagement for all SUD services.

Agency Name:	South Carolina Department of Alcohol and Other Drug Abuse Services		
Agency Code:	120	Section:	Section 37

Fiscal Year 2015-16
Accountability Report

Performance Measurement Template					
Item	Performance Measure	Target Value	Actual Value	Future Target Value	Associated Objectives
1	Reduce Underage Alcohol Use	28.9%	28%	26%	1.1.1 through 1.1.9 / 3.1.2
2	Reduce Underage Alcohol Buy Rate	13.0%	12.0%	12.0%	1.1.1 through 1.1.9 / 3.1.2
3	Reduce Underage Car Crashes	42.1%	40.0%	38.0%	1.1.1 through 1.1.9 / 3.1.2
4	Increase AET Public Safety Checkpoints	1,000	1,250	1,500	1.1.1 through 1.1.9 / 3.1.2
5	Reduce Underage Tobacco Use / Access	11.7%	10.6%	7.7%	1.1.7
6	Reduce Underage Tobacco Use	7.7%	6%	6%	1.1.7
7	Reduce FDA Vendor Violation Rate	11.0%	10%	9%	1.1.7
8	Screening and Brief Intervention	2,500	2,500	2,500	1.2.1, 3.4.1 through 3.4.6
9	Increase Services for Pregnant Women	734	774	815	1.2.2, 1.2.3, 3.4.1, 3.5.1
10	Increase DSS Admissions	4,574	4,802	5,031	1.2.1, 1.2.3, 1.2.5, 3.1.3, 3.1.4, 3.1.5
11	Increase Client Episodes of Care	41,000	43,250	45,100	1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.3.1, 2.1.1, 3.1.5, 3.2.1, 3.3.1, 3.3.2, 3.3.4, 3.3.5, 3.4.2, 3.4.6, 3.5.1, 3.5.2, 3.5.3
12	Increase Correction Referrals by 5%	43	63	95	1.2.4
13	Increase the Number of Integration Sites	2	2	5	1.2.1, 1.2.2, 1.3.1, 1.3.2, 2.1.1, 3.1.3, 3.1.5, 3.2.2, 3.2.3, 3.3.3, 3.4.1, 3.4.2, 3.4.6, 3.5.1, 3.5.2, 3.5.3

14	Implement Recovery System Transformation Initiatives	0	0	3	July 1- June 30	DAODAS Division of Treatment / Monthly	SBIRT / Recovery Team	1.2.1, 1.2.2, 1.2.3, 1.2.5, 1.2.6, 3.2.1, 3.2.2, 3.3.1, 3.3.3, 3.5.3
15	Train Peer Support Specialists	0	130	150	July 1- June 30	DAODAS Division of Treatment / Monthly	Evaluation Data Reported Annually	1.2.5
16	Increase Recovery Housing Opportunities	38	38	42	July 1- June 30	DAODAS Division of Administration / Monthly	Recovery Team / Oxford House Contract	1.2.6
17	Implement Tele-Health Services	2	2	10	July 1- June 30	SBIRT Federal Grant / Monthly	Evaluation Data Reported Annually	3.5.1, 3.5.2
18	Increase Effectiveness of Treatment Programs / Decrease Use	38%	37%	40%	July 1- June 30	National Outcome Measures / Monthly	Entered Monthly / Reported Annually / 6 Month Time Lag	2.1.1, 2.1.2, 2.1.3, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 3.2.1, 3.2.2, 3.2.3, 3.2.4
19	Increase Effectiveness of Treatment Programs / Increase Employment	6%	7.3%	8%	July 1- June 30	National Outcome Measures / Monthly	Entered Monthly / Reported Annually / 6 Month Time Lag	3.2.2
20	Increase Efficiency of Treatment Access	89%	92%	95%	July 1- June 30	State Baseline Measure / Monthly	Entered Monthly / Reported Annually	3.2.3
21	Increase the Efficient of Treatment Retention	52%	54%	55%	July 1- June 30	State Baseline Measure / Monthly	Entered Monthly / Reported Annually	2.1.1, 3.2.4
22	Increase Services to the Uninsured	5,250	5,512	5,500	July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	2.1.1, 2.1.4, 3.1.4, 3.1.5, 3.3.1, 3.3.2, 3.3.3, 3.3.4, 3.3.5, 3.5.1
23	Increase Services to Co-Occurring Clients / Non-AOD Clients	5,000	7,788	8,000	July 1- June 30	DHHS / DAODAS EHR / Monthly	Entered Monthly / Reported Annually	3.3.4
24	Increase Services to Prescription Drug Abuse Clients	1250	1000	1500	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	1.2.1, 1.3.1, 1.3.2, 3.1.5, 3.5.2
25	Provide Training in Evidence Based Programming	30	50	100	July 1- June 30	DAODAS Division of Training / Monthly	Calculated Annually	2.1.3, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 3.4.4, 3.4.5
26	Expand MAT Options in the SUD Provider Network	0	1000	1500	July 1- June 30	DAODAS EHR Measure / Monthly	Monthly	1.3.1, 1.3.2, 3.5.2
27	Increase Federal Block Grant Coverage of the Uninsured	0	5000	5000	July 1- June 30	DAODAS EHR / Finance / Monthly	Monthly	1.2.1, 1.2.2, 1.2.3, 1.2.4., 2.1.1, 3.1.3, 3.1.4, 3.3.1, 3.3.2, 3.3.3
28	Increase County Plans Meeting Strategic Goals	0	5%	10%	July 1- June 30	DAODAS Planning / Evaluation / County Plan	Reported Annually	2.1.4, 3.3.3
29	Employee Workforce Development	0	5%	10%	July 1- June 30	DAODAS Human Resources / Training	Reported Annually	2.1.3, 2.2.1 through 2.2.4, 3.3.4, 3.4.4, 3.4.5
30	Increase Prevention Collaboration	0	5%	10%	July 1- June 30	Reported Mosaic / Prevention Data System	Monthly	1.1.4, 1.1.9, 3.1.2
31	Integration with Physical Health	0	5%	10%	July 1- June 30	DAODAS Planning / Evaluation / County Plan	Reported Annually	3.4.1, 3.4.2, 3.4.3, 3.4.4, 3.4.5, 3.4.6
32	Increase Services to the Uninsured (HOP)	0	5%	10%	July 1- June 30	Local Provider Contract Reporting / DHHS	Reported Monthly	3.3.1

Note: DAODAS has just undergone an extensive strategic planning year using the Balanced Score Card Approach. Using this as the guideline, the agency has identified 3 main customers.

Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services

Fiscal Year 2015-16
Accountability Report

Agency Code:	J20	Section:	Section 37
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Agency Name: **South Carolina Department of Alcohol and Other Drug Abuse Services**

Fiscal Year 2015-16
Accountability Report

Agency Code:	J20	Section:	Section 37
Item #	Law Number	Jurisdiction	Type of Law
1	US Public Law 91-616 of 1970.	Federal	Statute
2	US Public Law 92-255 of 1972.	Federal	Statute
3	Code of Laws of South Carolina, 1976, as amended, Section 44-49-10 et seq.	State	Statute
4	Code of Laws of South Carolina, 1976, as amended, Section 61-12-10 et seq.	State	Statute
5	Code of Laws of South Carolina, 1976, as amended, Section 56-1-286 et seq.	State	Statute
6	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2930 et seq.	State	Statute
7	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2933 et seq.	State	Statute
8	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2951 et seq.	State	Statute
9	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2990.	State	Statute
10	Code of Laws of South Carolina, 1976, as amended, Section 59-150-230 (i).	State	Statute
11	Code of Laws of South Carolina, 1976, as amended, Section 56-1-400 and 56-5-2941	State	Statute
12	Code of Laws of South Carolina, 1976, as amended, 44-52-10 et seq.	State	Statute
13	Code of Laws of South Carolina, 1976, as amended, Section 44-75-10 et seq.	State	Statute
14	Code of Laws of South Carolina, 1976, as amended, Section 16-25-20 (G).	State	Statute
15	Code of Laws of South Carolina, 1976, as amended, Section 24-13-1910 et seq.	State	Statute
16	Code of Laws of South Carolina, 1976, as amended, Section 16-17-500.	State	Statute

Legal Standards Template	Associated Program(s)
Statutory Requirement and/or Authority Granted	All Objectives Listed
Directs that the department is the single state authority for the delivery of the Substance Abuse Prevention and Treatment Block Grant.	All Objectives Listed
Directs that the department is the single state authority for the delivery of the Substance Abuse Prevention and Treatment Block Grant.	All Objectives Listed
Agency Enabling Legislation	All Objectives Listed
Local Excise Tax Funding Distribution / County Planning Required	All Objectives Listed
Underage DUI / Zero Tolerance / Administrative License Revocation / Mandated Treatment	1.1.1 through 1.1.9, 1.2.1, 2.1.2
DUI / Mandated Treatment	1.1.1 through 1.1.9, 1.2.1, 2.1.2
DUAC / Mandated Treatment	1.1.1 through 1.1.9, 1.2.1, 2.1.2
Refusal to Submit to BAC / Administrative License Revocation / Mandated Treatment	1.1.1 through 1.1.9, 1.2.1, 2.1.2
Mandated Treatment for Convicted DUI Offenders	1.1.1 through 1.1.9, 1.2.1, 2.1.2
Authorizes funding for Gambling Addiction Services	1.2.1, 2.2.23.1.4, 3.5.3
Requires mandatory treatment for Ignition Interlock Drivers who fail to follow the Ignition Interlock Law.	1.1.1 through 1.1.9, 1.2.1, 2.1.2
Involuntary commitment procedures for those experiencing substance abuse.	1.2.1, 2.1.1, 2.1.3, 2.2.1, 3.3.4, 3.3.5
Requires the Department of Labor, License and Regulation and DAODAS to work promulgate regulations for the licensure of alcohol and drug abuse counselors.	2.2.3
Criminal Domestic Violence / Offender Referral to Substance Abuse programs Coordinated through DAODAS.	1.2.3
Coordination with the Department of Corrections (DOC) for Substance Abuse Services delivered to rehabilitate alcohol and drug offenders, as determined by DOC.	1.2.4
Courts may order minors to undergo a tobacco education program certified by DAODAS.	1.1.7

17	Code of Laws of South Carolina, as amended, 1976, Section 56-1-2110 (G)	State	Statute	Requires individuals who have a commercial driver's license suspended due to a failed urine screen, to be assessed and treated, if necessary, by a DAODAS substance abuse professional.	1.2.1, 3.2.2
18	South Carolina Code of Laws, 1976, as amended, Section 20-7-8920.	State	Statute	Requires underage individuals who violated underage drinking laws to attend a certified alcohol intervention program as certified by the department.	1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.6, 1.1.8, 1.1.9, 3.1.2
19	South Carolina Code of Laws, 1976, as amended, Section 61-6-480.	State	Proviso	Requires merchant education certified through the department for vendors who violate underage drinking laws.	1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.6, 1.1.8, 1.1.9, 3.1.2
20	South Carolina Code of Laws, 1976, as amended, Section 17-22-510.	State	Proviso	Directs the South Carolina Prosecution Commission to discuss administrative requirements of an Alcohol Education Program operated by local solicitors.	1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.6, 1.1.8, 1.1.9, 3.1.2
21	South Carolina Code of Laws, 1976, as amended, Section 43-35-560.	State	Statute	Designates the department as a member of the Vulnerable Adult Fatality Review Committee.	Not Applicable
22	South Carolina Code of Laws, 1976, as amended, Section 63-11-1930.	State	Statute	Designates the department as a member of the State Child Fatality Advisory Committee.	Not Applicable
23	South Carolina Code of Laws, 1976, as amended, Section 16-25-310 et seq.	State	Statute	Designates the department as a member of the Domestic Violence Advisory Committee.	1.2.1, 1.2.3, 3.3.3, 3.5.3
24	Code of Laws of South Carolina, 1976, as amended, Section 59-150-230 (i).	State	Statute	Directs the General Assembly to Fund DAODAS for Gambling Addiction Programs	1.2.1
25	South Carolina Code of Laws, 1976, as amended, Section 63-7-1690 (A)(1).	State	Statute	Allows a court of competent jurisdiction to order DAODAS approved treatment services before the return of a child to a home, if the child has been removed by DSS.	1.2.3
26	Act 286 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 7, Proviso 7.6.	State	Proviso	Designates the department as a member of the John De La Howe Advisory Board.	Not Applicable
27	Act 286 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 37.1.	State	Proviso	Allows the agency to charge training and conference fees to support educational and professional development initiatives.	2.2.1 through 2.2.4, 3.4.4, 3.4.5
28	Act 286 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 37.2.	State	Proviso	Directs the agency to provide gambling addiction services, including referral services and a mass communication campaign, pending appropriations.	1.2.1
29	Act 286 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 37.3.	State	Proviso	Directs the agency to transfer \$1.9 million to the Department of Health and Human Services for the purposes of Medicaid Match.	1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 3.1.3, 3.1.4, 3.3.1, 3.3.2, 3.4.1, 3.5.1, 3.5.2

Agency Name:	South Carolina Department of Alcohol and Other Drug Abuse Services	
Agency Code:	J20	Section: Section 37

Divisions or Major Programs	Description	Service/Product Provided to Customers	Customer Segments	Specify only for the following segments: (1) Industry Name: (2) Professional Organization Name: (3) Public Demographics.	Customer Template
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Finance	Provides financial and other operational services for the agency to include contracts, procurement, and Human Resources.	Ensuring the balance of alcohol prevention, intervention, treatment and recovery services are contracted to local SUD providers for direct delivery.	General Public	Individuals seeking SUD Prevention, Intervention, Treatment and Recovery Services. All age cohorts and demographics.	
Programs	Provides support to the Alcohol and Drug Abuse System through consultation with policy, legislation, public relations. Additionally, provides support through training efforts and to ensure purchase of services are proper and necessary care for clients.	Provides TA and Policy guidance to guide innovative SUD programming throughout the SUD System.	General Public	Families seeking support for SUD Prevention, Intervention, Treatment and Recovery Services. All age cohorts and demographics.	
Services	Provides oversight and monitoring of projects and activities of AOD Authorities and other vendors to ensure achievement of goals.	Provides TA and Policy guidance to guide innovative SUD programming throughout the SUD System.	General Public	Communities involved in supporting individuals and families in SUD Prevention, Intervention, Treatment and Recovery Services. All age cohorts and demographics involved in a range of community customer segments (health, social services, law enforcement).	

Note: DAODAS has just undergone an extensive strategic planning year using the Balanced Score Card Approach. Using this as the guideline, the agency has identified 3 main customers.

Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services

Agency Code: J20 Section: Section 37

Name of Partner Entity		Type of Partner Entity	Description of Partnership	Partner Template	
SAMHSA	Federal Government	Federal Government	Federal Block Grant Authority	Associated Objective(s)	All Objectives Listed
Medicaid (DHHS)	State Government	State Government	Major Payor of SUD Services / Policy Development	1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 3.1.3, 3.1.4, 3.3.1, 3.3.2, 3.4.1, 3.5.1, 3.5.2	
DAODAS Staff	State Government	State Government	Integral to achieving agency vision, mission and goals.		All Objectives Listed
Local SUD Providers	Local Government	Local Government	Delivers direct SUD services to individuals, families and communities.	1.1.1, 1.1.9, 1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.3.2, 2.1.1, 2.1.2, 2.1.4, 2.1.5, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.2.1 through 3.2.4, 3.3.1 through 3.3.5, 3.4.1, 3.4.2, 3.5.1	
South Carolina General Assembly	State Government	State Government	Appropriates funding for SUD Services.	1.1.6, 1.3.1, 1.3.2, 3.5.1	
Governor's Office	State Government	State Government	Provides Leadership / Cabinet Agency	All Objectives Listed	
DSS	State Government	State Government	Major Client Partner	1.2.1, 1.2.2, 1.2.3	
DOC	State Government	State Government	Major Client Partner	1.2.4	
DMH	State Government	State Government	Major Client Partner	1.2.1, 3.3.4	
DHEC	State Government	State Government	Major Health Partner	1.1.7, 1.2.1, 1.2.3, 1.3.1, 1.3.2, 1.3.3, 3.1.1	
Alliance for a Healthier South Carolina	Non-Governmental Organization	Non-Governmental Organization	Working to achieve broad health goals.	1.2.1 through 1.2.6, 1.3.1 through 1.3.3, 3.4.1 through 3.4.6	
South Carolina Institute of Medicine and Public Health	Non-Governmental Organization	Non-Governmental Organization	Working to achieve joint behavioral health goals.	1.2.1, 1.3.1, 1.3.2, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 3.4.4, 3.5.1	
Birth Outcomes Initiative (BOI)	State Government	State Government	Development of policy to reduce adverse birth outcomes.	1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 3.1.3, 3.4.1	
Healthy Outcomes Program	State Government	State Government	Targeting chronic disease among Medicaid recipients.	3.3.1, 3.3.2	
Primary and Emergency Room Physicians	Private Business Organization	Private Business Organization	Identifying SUD Clients.	3.4.4, 3.4.5, 3.4.6, 3.5.1, 3.5.2	

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Agency Name:	South Carolina Department of Alcohol and Other Drug Abuse Services	
Agency Code:	J20	Section: Section 37

Report Template		Report Template										
Item	Report Name	Name of Entity Requesting the Report		Type of Entity	Reporting Frequency	Submission Date (MM/DD/YYYY)	Summary of Information Requested in the Report		Method to Access the Report			
1	Annual Accountability Report	Executive Budget Office		State	Annually	#####	Strategic Planning, Accountability and Funding Information		Online			
2	House Restructuring Report	House Oversight Committee		State	Annually	March 1, 2016	Same as Above		Online			
3	Substance Abuse Block Grant Application and Report	Substance Abuse and Mental Health Services Administration		Federal	Annually	October 1, 2016	State Plan for the Expenditure of Federal Funding		Online			
4	Synar Report	Substance Abuse and Mental Health Services Administration		Federal	Annually	December 1, 2016	Details Annual Youth Buy-Rate of Tobacco Sales		Request from the Agency			

Fiscal Year 2015-16
Accountability Report

Oversight Review Template

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**South Carolina Department of Alcohol and Other Drug Abuse Services
Summary Budget Request 2017-2018**

Requested Appropriations

- \$3 Million for Deferred Maintenance – Act 301 Alcohol and Drug Treatment Providers
- Authorization Increases
 - Federal Funds - \$1,316,004
 - New Grant and Federal Contract Funding
 - State Funds - \$252,959
 - FY16 State Employee Salary, Health and Employer Retirement Increases
Local Healthcare Provider Salary Increases
 - Other Funds - \$1,871,770 (Reduction)
 - Discontinuation of DSS and DHHS Contracts
- \$50,000 Allocation from the Lottery's Unclaimed Prize Fund [**Section 59-150-230(I)**]

South Carolina Department of Alcohol and Other Drug Abuse Services Infrastructure Funding – Act 301 Alcohol and Drug Treatment Facilities

As with any service system, attention must be paid to infrastructure needs – elements that undergird a system’s operational objectives. As time has passed, the pursuit of expansion, the changing economy, the changing healthcare system, changes in public administration of the system that have led to an erosion of state block grant funding – and the erosion in the alcohol excise tax upon which the system was founded – have ultimately led to a service system stretched to meet basic infrastructure needs, including facility management.

Coupled with changing demands and requirements for accountability of the expenditure of public funds, the system must meet ever-increasing demands to show positive outcomes, human capital investment, as well as to stay abreast of the changing technology and program advances in the field of addictions.

Quality of county authority infrastructure is a factor in the level of access, engagement, and duration of treatment. DAODAS has launched an initiative to improve system infrastructure. This plan reflects an overall priority focus on the more rural providers, and within that view, those with higher levels of need as indicated by both health status factors and substance use disorder prevalence indicators. These indicators include alcohol impairment deaths, alcohol-related emergency room discharges, opioid deaths, rate of specialty mental health care, rate of health attaches and diabetes, and other demographic indicators.

The specific funding priority will also consider urgency as reflected by critical timing or quality issues such as DHEC, CARF, or ADA issues. Additional weight will be given to “shovel readiness” and, in certain cases, to the availability of local match.

The department has developed a provider need metric based on these criteria. In FY17, \$3 million was distributed. The chart below details awardees.

SFY2017 Infrastructure

Total Funding	Type of Infrastructure	Amount \$
Fairfield	Installment payment on new building	\$750,000
Florence	Installment payment on new building	\$750,000
Trinity	Payment for new building	\$650,000
Williamsburg	Renovation of satellite office in Hemingway	\$250,000
Union	General upgrades, to include carpet and windows	\$65,000
Colleton	General upgrades, to include a new HVAC system	\$35,000
Georgetown	Renovation of current building	\$130,000
Chester	Renovation of current building	\$67,000
Cornerstone	Project completion in Abbeville and general upgrades in Edgefield, Greenwood & McCormick	\$95,000
Anderson/Oconee	Establish safe housing facility for individuals returning to the community from incarceration	\$100,000
Kershaw	Installation of a new roof	\$52,000

Total Funding	Type of Infrastructure	Amount \$
Laurens	Installation of a new HVAC system and parking lot upgrades	\$25,000
Pickens	Installment payment on ADA-compliant elevator	\$31,000
Total Allocated		\$3,000,000

Note: Funds were requested and approved through the Governor's Office.

Note: Funds were awarded through the Capital Reserve Fund Act No. 285.

2018 Budget Authorization Request

- General Fund Reduction Analysis of 3% – \$259,534 (DP11539)
- General Fund Appropriation Increase by \$252,959: (DP10870)
 - Salary Enhancement (3.25%) July 1, 2016 (\$221,286) (Providers are included in this distribution)
 - 0.5% Retirement Employer Rate Increase (\$28,338)
 - Health & Dental Insurance Allocation (\$3,335)
- General Fund - Non- Recurring Infrastructure - \$3M (DP11536)
- Other Funds Changes – Reduction of \$1,871,770 (DP11527)
 - Reduction of Recovery Program Transformation & Innovation Carryforward funding
 - Discontinuation of DSS/Medicaid Administrative Activities (MAA) Contract .
- Federal Changes – Increase of \$1,316,004 (DP11454 & DP11533)
 - New Grant – SC Overdose Prevention Project \$665,665
 - Increase in Food & Drug Administration (FDA) Tobacco Contract, and slight increase in Block Grant and Screening, Brief Intervention and Referral to Treatment Grant

South Carolina Department of Alcohol and Other Drug Abuse Services Gambling Services

Mandates

Section 59-150-230(I) of the **South Carolina Education Lottery Act** directs that a portion of **unclaimed prize money** – *to be determined through the annual appropriations process* – be appropriated to DAODAS for the prevention and treatment of compulsive gambling and educational programs related to gambling disorders. These activities are to include a gambling “hotline,” prevention programming and, in part or in total, mass communications efforts.

DAODAS Proviso 37.2 (Renumbered Base) positions DAODAS as the primary resource for services related to compulsive gambling and directs the department to provide information, education, and referral services.

Funding History

DAODAS received funding through the unclaimed prize fund per Section 59-150-230(I) twice in the first 10 years of the Lottery. The General Assembly provided appropriations for gambling services in Fiscal Year 2002, with funding finally awarded to DAODAS in January 2004 through a grant process overseen by the Budget and Control Board. This funding (\$1 million) was depleted in July 2008.

DAODAS then was appropriated dollars in Fiscal Year 2008 from the unclaimed prize fund to continue its efforts to provide education and treatment services for problem and pathological gamblers. These funds (\$500,000) were provided to the agency in April 2008. The department utilized these funds to cover gambling services until they were expended in full in Fiscal Year 2010.

During Fiscal Years 2012 and 2013, the agency received \$100,000 from the certified unclaimed prize fund to operate gambling addiction services, and an additional \$250,000 for Fiscal Years 2014 and 2016 to continue services to this population.

Services Provided

Funding for gambling services is used for the prevention, intervention, and treatment of problem and pathological gambling. Specifically, the products and services provided include: a) operation of a 24/7 telephone crisis-intervention and referral “helpline”; b) sub-contracts for the screening and treatment of problem and pathological gambling; c) no-cost training for gambling counselors employed by county alcohol and drug abuse authorities; d) a Gambling Registry of Qualified Providers; e) identifying and approving outcome instruments used at assessment, discharge, and 90-day follow-up; f) authorizing problem and pathological gambling services through a utilization-review process; g) providing field technical assistance; and h) developing and implementing a marketing plan that includes the production of print, television, and radio public service messages.

Outcomes

Since calendar year 2004, when services began, approximately 5,000 individuals have been provided crisis-intervention and/or treatment for problem and pathological gambling.

South Carolina Department of Alcohol and Other Drug Abuse Services

Provisos

- A. Proviso Number:** PROVISOR 37.1
Using the renumbered proviso base provided on the OSB website indicates the proviso number (*If new indicate "New #1," "New #2," etc.*):
- B. Appropriation**
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): SECTION 37 - II – FINANCE AND OPERATIONS.
- C. Agency Interest**
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY-SPECIFIC.
- D. Action**
(*Indicate Keep, Amend, Delete, or Add*): KEEP.
- E. Title**
Descriptive Proviso Title: (TRAINING AND CONFERENCE REVENUE.)
- F. Summary**
Summary of Existing or New Proviso: THE PROVISOR ALLOWS THE DEPARTMENT TO CHARGE FEES FOR TRAINING EVENTS AND CONFERENCES AND TO RETAIN FUNDS EARNED FROM SUCH EVENTS TO PLAN FOR FUTURE EDUCATIONAL AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES IN THE SUBSTANCE USE DISORDER FIELD FOR PUBLIC AND PRIVATE PROVIDERS.
- G. Explanation of Amendment to/or Deletion of Existing Proviso**
(*If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified*): NONE REQUESTED.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**
THE PROVISOR IS NECESSARY, AS IT DIRECTS THE EXPENDITURES OF TRAINING AND CONFERENCE FEES. IT GIVES THE AGENCY THE AUTHORITY TO CHARGE FEES NOT FOUND IN THE DAODAS ENABLING STATUTE. A WELL-TRAINED WORKFORCE OF SUBSTANCE USE DISORDER PREVENTION, INTERVENTION, AND TREATMENT PROFESSIONALS IS ESSENTIAL TO THE OVERALL MISSION OF THE AGENCY. DAODAS PROVIDES TRAINING OPPORTUNITIES TO A WIDE RANGE OF HEALTH PROFESSIONALS (PRIMARY CARE, DOCTORS, NURSES, BEHAVIORAL HEALTH SPECIALISTS, ETC.).
- I. Justification**
Refer to the instructions for the correct question to answer in this space, based on the action you selected: THE PROVISOR IS RECURRING BECAUSE THE ENABLING STATUTE FOR DAODAS HAS NOT BEEN AMENDED TO ALLOW THE DEPARTMENT TO CHARGE FEES FOR TRAINING EVENTS AND CONFERENCES.
- J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**
\$47,446 (FISCAL YEAR 2016)
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**
NOT APPLICABLE.

- A. Proviso Number:** PROVISO 37.2
Using the renumbered proviso base provided on the OSB website indicates the proviso number (*If new indicate "New #1," "New #2," etc.*):
- B. Appropriation**
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): SECTION 37 - II – FINANCE AND OPERATIONS.
- C. Agency Interest**
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY-SPECIFIC.
- D. Action**
(*Indicate Keep, Amend, Delete, or Add*): KEEP.
- E. Title**
Descriptive Proviso Title: (GAMBLING ADDICTION SERVICES.)
- F. Summary**
Summary of Existing or New Proviso: THE PROVISO ALLOWS THE DEPARTMENT TO EXPEND APPROPRIATIONS, WHEN AVAILABLE, FOR INFORMATION, EDUCATION, AND REFERRAL TO SERVICES FOR PERSONS WITH PROBLEM OR PATHOLOGICAL GAMBLING DIAGNOSES.
- G. Explanation of Amendment to/or Deletion of Existing Proviso**
(*If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified*): NONE REQUESTED.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**
THE PROVISO IS NECESSARY, AS IT GIVES THE AGENCY THE AUTHORITY TO EXPEND APPROPRIATIONS WHEN THE GENERAL ASSEMBLY APPROPRIATES FUNDING FOR GAMBLING SERVICES. THE DAODAS ENABLING STATUTE DOES NOT CONTAIN THIS AUTHORITY.
- I. Justification**
Refer to the instructions for the correct question to answer in this space, based on the action you selected: THE PROVISO IS RECURRING BECAUSE THE ENABLING STATUTE FOR DAODAS HAS NOT BEEN AMENDED TO ALLOW THE DEPARTMENT TO EXPEND FUNDS FOR GAMBLING SERVICES.
- J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**
\$36,225 (FISCAL YEAR 2016)
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**
NOT APPLICABLE.

- A. Proviso Number:** PROVIS0 37.3
Using the renumbered proviso base provided on the OSB website indicates the proviso number (*If new indicate "New #1," "New #2," etc.*):
- B. Appropriation**
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): SECTION 37 - II – FINANCE AND OPERATIONS.
- C. Agency Interest**
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY-SPECIFIC.
- D. Action**
(*Indicate Keep, Amend, Delete, or Add*): KEEP.
- E. Title**
Descriptive Proviso Title: (MEDICAID MATCH TRANSFER.)
- F. Summary**
Summary of Existing or New Proviso: THE PROVIS0 TRANSFERS THE DEPARTMENT'S DIRECT STATE APPROPRIATION DESIGNATED FOR MEDICAID MATCH TO THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS).
- G. Explanation of Amendment to/or Deletion of Existing Proviso**
(*If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified*): NONE REQUESTED.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**
THE PROVIS0 TRANSFERS THE DEPARTMENT'S STATE APPROPRIATION DESIGNATED FOR MEDICAID MATCH TO DHHS. THE CURRENT AMOUNT OF \$1,915,902 IS INADEQUATE TO FULLY FUND THE REQUIRED MATCH AMOUNT NEEDED TO PROVIDE ALCOHOL AND OTHER DRUG ABUSE SERVICES TO THE MEDICAID-ELIGIBLE POPULATION SERVED. THE MEDICAID MATCH LINE HAS BEEN CUT FROM \$4.1 MILLION TO \$1.9 MILLION SINCE AGENCY BUDGET REDUCTIONS BEGAN IN FISCAL YEAR 2008. DHHS HAS AGREED TO PAY THE STATE MATCH ONCE THE \$1,915,902 HAS BEEN EXPENDED.
- I. Justification**
Refer to the instructions for the correct question to answer in this space, based on the action you selected: THE PROVIS0 DOES NOT CREATE A NEW PROGRAM, BUT IS NEEDED TO ASSIST IN FUNDING THE FULL STATE MATCH FOR ALCOHOL AND OTHER DRUG SERVICES DELIVERED TO MEDICAID BENEFICIARIES. IT WILL BE NEEDED IN FUTURE YEARS. THE TRANSFER PROVIS0, AS INCLUDED IN THE DAODAS PROVIS0 SECTION, MAINTAINS THE JURISDICTION OF THE FUNDING AS APPROPRIATED TO THE DEPARTMENT AND ASSISTS IN MEETING FEDERAL MAINTENANCE OF EFFORT REQUIREMENTS IN ORDER TO RECEIVE THE FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT AND TO AVOID POSSIBLE REDUCTIONS IF THE MEDICAID MATCH FUNDS WERE DIRECTLY APPROPRIATED TO DHHS.
- J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**
\$1,915,902 (STATE)
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**
NOT APPLICABLE.

State Funds

\$70,431.91

Carryforward

FD area SC01

Currency USD

Budget Category Payment

Doc. Date	Doc. Year	Entry Book	Line	Variance	ACC. TYPE	Process	Created on	Year	Budget Type	Fund	Funds Out	Cost Item	Functional Area	Grant	Funded Program	Amount LG	Currency
08/08/2016	2017	1000426021	0000081	0	CPGF	Carry For. Recv	08/08/2016	2017	Carryforward Gen Fund	10010000	120000000	561000	0000000000000000	NOT RELEVANT	8900.000000X000	70,431.91	USD
08/23/2016	2017	1000426021	0000081	0	CPGF	Carry For. Recv	08/23/2016	2017	Carryforward Gen Fund	10010000	120000000	561000	0000000000000000	NOT RELEVANT	8900.000000X000	70,431.91	USD
08/08/2016	2017	1000426021	0000078	0	CPGF	Carry For. Recv	08/23/2016	2017	Carryforward Gen Fund	10010000	120000000	561000	0000000000000000	NOT RELEVANT	8900.000000X000	70,431.91	USD

South Carolina Department of Alcohol and Other Drug Abuse Services
“Other Funds” Historical Data

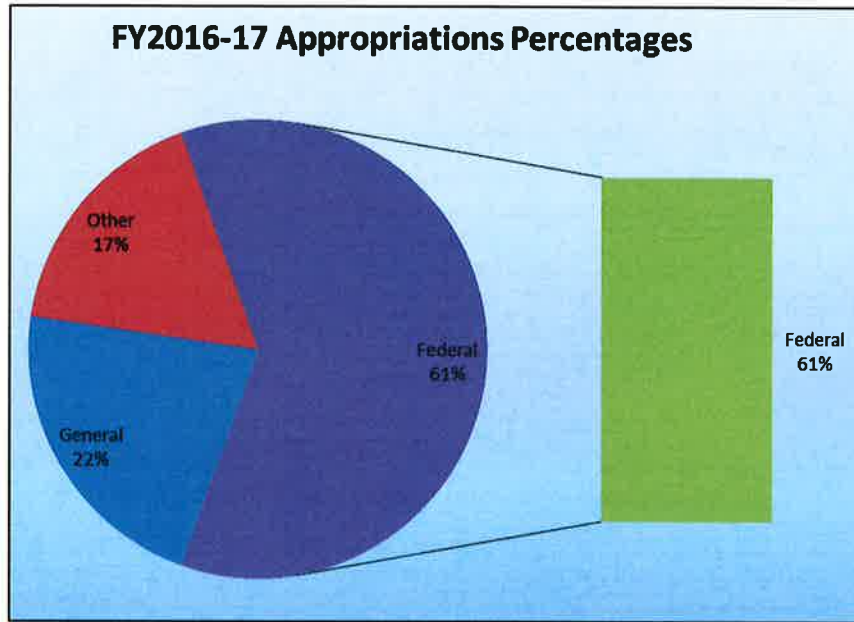
Years	Authorization	Actual Expenditures
SFY14	\$4,656,257	\$4,556,666
SFY15	\$5,235,093	\$3,254,456
SFY16	\$6,435,681	\$6,126,737

“Other Funds” are derived from:

- Medicaid
- Proviso (registration fees for training events)
- DASIS-BHSIS Information System
- Drug Screening and Testing Contract with the Department of Social Services
- Recovery Program Transformation & Innovation Fund (RPTIF)
- “Step UP!” Contract with the Department of Corrections
- Sale of Assets
- Gambling Funds
- Occasional Special Projects.

NOTE: SFY15 Actual Expenditures were low due to a late start with the RPTIF contract.

**South Carolina Department of Alcohol and Other Drug Abuse Services
Fiscal Year 2016-17 Total Fund Authorizations and Expenditures**



Appropriations Key:

General Funds	\$11,398,181
Other Funds	\$ 9,018,132
Federal Funds	\$31,938,406
Total Budget:	\$52,354,719

FY2016-17 Appropriations

	General Funds	Other Funds	Federal Funds	Total Funds
FY16 Base	\$6,648,181	\$7,756,132	\$28,874,406	\$43,278,719
FY17 Decision Packages	\$1,750,000	\$1,262,000	\$3,064,000	\$6,076,000
FY17 Non-Recurring	\$3,000,000	\$0	\$0	\$3,000,000
Total FY17 Request	\$4,750,000	\$1,262,000	\$3,064,000	\$9,076,000
FY17 Appropriations	\$11,398,181	\$9,018,132	\$31,938,406	\$52,354,719

- **General Funds** increase includes recurring funds of \$1.75 million (Medication-Assisted Treatment) and non-recurring funds of \$3 million (Infrastructure).
- **Other Funds** changes result from the DSS drug screening and testing contract and a decrease in Medicaid funding.
- **Federal Funds** increase includes the FDA contract renewal and fixed-price contractual methodology and the award of the ECHO grant.

AGENCY NAME:

SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

AGENCY CODE:

J200

SECTION:

37



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

**RECURRING FUNDS
(FORM B
DECISION PACKAGES)**

My agency is submitting the following recurring decision packages listed in priority order (Form B):

10870, 11454, 11460, 11527, 11533

For FY 2017-18, my agency is (mark "X"):

☐ Requesting a net increase in recurring General Fund appropriations.

☒ Not requesting a net increase in recurring General Fund Appropriations.

**CAPITAL &
NON-RECURRING
FUNDS
(FORM C
DECISION PACKAGES)**

My agency is submitting the following one-time decision packages listed in priority order (Form C):

11536

For FY 2017-18, my agency is (mark "X"):

☒ Requesting capital and/or non-recurring funds.

☐ Not requesting capital and/or non-recurring funds.

**PROVISOS
(FORM D)**

For FY 2017-18, my agency is (mark "X"):

☐ Requesting a new proviso and/or substantive changes to existing provisos.

☒ Only requesting technical proviso changes (such as date references).

☐ Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Stephen L. Dutton	803-896-1142	sldutton@daodas.sc.gov
SECONDARY CONTACT:	Sharon Peterson	803-896-1145	speterson@daodas.sc.gov

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:	<i>Sara Goldsby</i> 10/24/16	
TYPE/PRINT NAME:	Sara Goldsby, Acting Director	

This form must be signed by the department head – not a delegate.

AGENCY NAME:	SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES		
AGENCY CODE:	J200	SECTION:	37

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	<div style="border: 1px solid black; padding: 2px;">10870</div> <p><i>Provide the decision package number issued by the PBF system ("Governor's Request").</i></p>																										
TITLE	<div style="border: 1px solid black; padding: 2px;">Allocation of Base Pay Increase (3.25%) and Statewide Employee Benefits</div> <p><i>Provide a brief, descriptive title for this request.</i></p>																										
AMOUNT	<div style="border: 1px solid black; padding: 2px;">\$252,959</div> <p><i>What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.</i></p>																										
ENABLING AUTHORITY	<div style="border: 1px solid black; padding: 5px;"> Proviso 117.118 of Act 284 (Section IB) of the South Carolina General Assembly 2017, (Note: Renumbered Base 117.116) </div> <p><i>What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.</i></p>																										
FACTORS ASSOCIATED WITH THE REQUEST	<div style="border: 1px solid black; padding: 5px;"> <p>Mark "X" for all that apply:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td>(Base Adjustment) Allocation of statewide employee benefits.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>(Base Adjustment) Realignment within existing programs and lines.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>IT Technology/Security related</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Consulted DTO during development</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Related to a Non-Recurring request – If so, Decision Package # _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Change in cost of providing current services to existing program audience.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Change in case load / enrollment under existing program guidelines.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Non-mandated change in eligibility / enrollment for existing program.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Non-mandated program change in service levels or areas.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Proposed establishment of a new program or initiative.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Loss of federal or other external financial support for existing program.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Exhaustion of fund balances previously used to support program.</td> </tr> </table> </div>	<input checked="" type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.	<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.	<input type="checkbox"/>	(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>	<input type="checkbox"/>	IT Technology/Security related	<input type="checkbox"/>	Consulted DTO during development	<input type="checkbox"/>	Related to a Non-Recurring request – If so, Decision Package # _____	<input type="checkbox"/>	Change in cost of providing current services to existing program audience.	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.	<input type="checkbox"/>	Non-mandated program change in service levels or areas.	<input type="checkbox"/>	Proposed establishment of a new program or initiative.	<input type="checkbox"/>	Loss of federal or other external financial support for existing program.	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program.
<input checked="" type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.																										
<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.																										
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<input type="checkbox"/>	Loss of federal or other external financial support for existing program.																										
<input type="checkbox"/>	Exhaustion of fund balances previously used to support program.																										
RECIPIENTS OF FUNDS	<div style="border: 1px solid black; padding: 5px;"> State employees of the S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS) and the 32 county alcohol and drug abuse authorities are the recipients of these funds. Funds are allocated annually based on the General Assembly's decision to increase employee compensation. </div>																										

AGENCY NAME:	SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES		
AGENCY CODE:	J200	SECTION:	37

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS

Objectives 3.2.1 through 3.2.4

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS

Not Applicable

For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS

Not Applicable

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES

The request is specifically tied to General (State) Funds.

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

AGENCY NAME:	SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES		
AGENCY CODE:	J200	SECTION:	37

SUMMARY	<p>The Allocation of State Funds included the following items:</p> <ul style="list-style-type: none"> • The Pay Plan Allocations for Fiscal Year (FY) 2017 incorporated a 3.25% base pay increase, which included the employer's share of the related fringe benefits amounting to \$221,286. • The Retirement Rate increased by 0.5% for the employer's rate for employees covered under the South Carolina Retirement System and Police Officers Retirement System, which computed to \$28,338. • The Health Insurance Allocation consisted of an increase in the employer's insurance costs associated with State's Health and Dental Plan, totaling \$3,335.
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>Based on the state-funded salaries, \$232,790 of the Pay Plan Allocations and Retirement Rate increase were distributed to the county alcohol and drug abuse authorities. The remaining base pay and retirement increase of \$16,834 was allocated to the state employees of DAODAS. The Health and Dental Allocations were allotted based on employees' enrollment, appropriating \$3,182 to the county authorities and \$153 to DAODAS.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>The increased funding was built into the DAODAS base budget for FY2018.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

AGENCY NAME:	SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES		
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PRIORITIZATION	<p>The funding is granted by the General Assembly with a recurring intent and incorporated into future budgets.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	<p>Not Applicable</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>None</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:

SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

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J200

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FORM B – PROGRAM REVISION REQUEST**DECISION PACKAGE**

11527

*Provide the decision package number issued by the PBF system ("Governor's Request").***TITLE**

Other Fund Changes

*Provide a brief, descriptive title for this request.***AMOUNT**

(\$1,871,770)

*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.***ENABLING AUTHORITY**

South Carolina Department of Health and Human Services (DHHS) – contract authority for Recovery Program Transformation and Innovation Fund (RPTIF) projects; South Carolina Department of Social Services (DSS) – contract authority for the Medicaid Administrative Activities (MAA) Title IV-E Project; and the South Carolina Department of Corrections (SCDC) – contract authority for the Step Up Project.

*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.***FACTORS ASSOCIATED WITH THE REQUEST****Mark "X" for all that apply:**

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | (Base Adjustment) Allocation of statewide employee benefits. |
| <input checked="" type="checkbox"/> | (Base Adjustment) Realignment within existing programs and lines. |
| <input type="checkbox"/> | (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i> |
| <input type="checkbox"/> | IT Technology/Security related |
| <input type="checkbox"/> | Consulted DTO during development |
| <input type="checkbox"/> | Related to a Non-Recurring request – If so, Decision Package # _____ |
| <input type="checkbox"/> | Change in cost of providing current services to existing program audience. |
| <input type="checkbox"/> | Change in case load / enrollment under existing program guidelines. |
| <input type="checkbox"/> | Non-mandated change in eligibility / enrollment for existing program. |
| <input type="checkbox"/> | Non-mandated program change in service levels or areas. |
| <input type="checkbox"/> | Proposed establishment of a new program or initiative. |
| <input checked="" type="checkbox"/> | Loss of federal or other external financial support for existing program. |
| <input type="checkbox"/> | Exhaustion of fund balances previously used to support program. |

RECIPIENTS OF FUNDS

The 32 county alcohol and drug abuse authorities are the recipients of these funds, based on need and through a request-for-proposal process.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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ACCOUNTABILITY OF FUNDS	Objectives 1.2.2, 1.2.3, 1.2.4, 3.2.1, 3.3.1, 3.3.2, 3.4.1, 3.4.2, 3.4.4, 3.4.5, 3.4.6, and 3.5.1
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	None
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	There are no matching funds.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	No other funding sources were considered, as these contracts are with the South Carolina Department of Health and Human Services (DHHS), South Carolina Department of Social Services (DSS), and South Carolina Department of Corrections (SCDC).
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

AGENCY NAME:	SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES		
AGENCY CODE:	J200	SECTION:	37

SUMMARY	<p>DAODAS' total other funding decreased by \$1,871,770 due to following adjustment:</p> <ul style="list-style-type: none"> • The Recovery Program Transformation and Innovation Fund (RPTIF) contract was increased (\$1,500,000) in Fiscal Year 2016 to accommodate a carryover balance and outstanding contractual agreements. However, this obligation has been satisfied. The contractual amount will return to original base of \$3,000,000. • Medicaid Administrative Activities (MAA) Title IV-E Project was discontinued due to structural change of the entire program, which resulted in a decrease of \$542,008 of other funds. • Through a partnership with the Department of Corrections for the Step Up Project, DAODAS was awarded \$100,000 to provide services that assist young adults with substance use disorders as they leave SCDC and transition into the community.
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>The amount allotted was based on the adjustment of the contract negotiated with DAODAS. The allocation of funds was based on the needs assessment of the county alcohol and drug abuse authorities. In addition, contractual services were considered as part of the calculations requested.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No other funding has been identified for these contracts and projects. There is no maintenance-of-effort requirement associated with these funds.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

AGENCY NAME:	SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES		
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PRIORITIZATION

The RPTIF and DSS-MAA projects were reduced and/or discontinued.

The Step Up Project has sufficient funding available.

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT

The Step Up Project will provide educational and treatment services and will strive to:

- Decrease the offender's chances of returning to SCDC.
- Increase the number of offenders with substance use disorders who access treatment services.
- Increase the number of offenders retained in treatment.
- Promote access to resources to increase employment opportunities.
- Improve outcomes for those who are experiencing diagnosable substance use disorders.
- Provide structure to assist the offenders in becoming productive and law-abiding citizens.
- Strengthen family systems.
- Increase each offender's ability to cope with daily life challenges.
- Increase continued abstinence from alcohol and other drug use.
- Increase offenders' overall functioning.

Specifically, the project will help clients develop an environment that reinforces positive behavior patterns by offering services designed to strengthen life skills.

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION

DAODAS will research the baseline data for this project, reviewing the number of clients served over the past three years; average length of time in services; severity of problems; and outcomes following services (e.g., alcohol and other drug use, employment, re-arrests). The agency will then work with SCDC to develop other specific outcomes in addition to the ones described above in the "Intended Impact" section. The baseline data will be completed before the project begins, and an evaluation report will be developed and sent to SCDC every six months.

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:

SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

AGENCY CODE:

J200

SECTION:

37

FORM B – PROGRAM REVISION REQUEST**DECISION PACKAGE**

11454

*Provide the decision package number issued by the PBF system ("Governor's Request").***TITLE**

Federal Fund Changes

*Provide a brief, descriptive title for this request.***AMOUNT**

\$650,339

*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.***ENABLING AUTHORITY**

The enabling authorities are the Substance Abuse and Mental Health Services Administration (SAMHSA), which awards the Substance Abuse Prevention and Treatment Block Grant and the Screening, Brief Intervention, and Referral to Treatment Grant; and the U.S. Food and Drug Administration (FDA), which contracts with DAODAS to conduct Tobacco Retail Compliance Inspections in South Carolina.

*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.***FACTORS ASSOCIATED WITH THE REQUEST****Mark "X" for all that apply:**

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | (Base Adjustment) Allocation of statewide employee benefits. |
| <input checked="" type="checkbox"/> | (Base Adjustment) Realignment within existing programs and lines. |
| <input type="checkbox"/> | (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i> |
| <input type="checkbox"/> | IT Technology/Security related |
| <input type="checkbox"/> | Consulted DTO during development |
| <input type="checkbox"/> | Related to a Non-Recurring request – If so, Decision Package # _____ |
| <input checked="" type="checkbox"/> | Change in cost of providing current services to existing program audience. |
| <input type="checkbox"/> | Change in case load / enrollment under existing program guidelines. |
| <input type="checkbox"/> | Non-mandated change in eligibility / enrollment for existing program. |
| <input type="checkbox"/> | Non-mandated program change in service levels or areas. |
| <input type="checkbox"/> | Proposed establishment of a new program or initiative. |
| <input type="checkbox"/> | Loss of federal or other external financial support for existing program. |
| <input type="checkbox"/> | Exhaustion of fund balances previously used to support program. |

RECIPIENTS OF FUNDS

DAODAS' 32 county alcohol and drug abuse authorities are key recipients of the funds to provide prevention, intervention, treatment, and recovery services.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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AGENCY CODE:	J200	SECTION:	37

ACCOUNTABILITY OF FUNDS	The funding touches all objectives listed in the DAODAS Accountability Report.

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	None

For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	There are no matching funds.

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	No other funding sources are considered, as these involve federal grants awarded to fund the bulk of substance abuse services throughout South Carolina.
	The FDA contracts with each state to conduct Tobacco Retail Compliance Inspections (to comply with federal law).

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

AGENCY NAME:	SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES		
AGENCY CODE:	J200	SECTION:	37

SUMMARY	<p>DAODAS' total federal funding increased by \$1,316,004 due to the following increases and adjustment:</p> <ul style="list-style-type: none"> • Substance Abuse Prevention and Treatment Block Grant (SAPTBG) increased \$553,592, along with a slight alignment of \$577 resulting in an aggregate of \$23,717,773. • Screening, Brief Intervention, and Referral to Treatment Grant increased by \$25,802, amounting to \$1,918,913. • Food and Drug Administration (FDA) - State Tobacco Retail Compliance Inspections contract increased \$70,368, bringing the total award to \$2,302,783.
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>The amount requested is based on the increase of the federal awards granted to DAODAS. The allocation of funds is based on the needs assessment of the counties involved and the required set-aside for the federal grants. In addition, contractual services were considered as part of the calculations. Factors that could cause deviations from the amount requested and needed to perform the work would be a reduction in the award.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>There is a maintenance-of-effort requirement related to the SAPTBG from SAMHSA, which requires state expenditures to maintain the level of funding from SAMHSA.</p> <p>Compliance checks would not be implemented and the state would be out of compliance with the FDA contract.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

AGENCY NAME:	SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES		
AGENCY CODE:	J200	SECTION:	37

PRIORITIZATION	<p>Sufficient funds are available.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	<p>The programs associated with federal funding seek to achieve the following highlighted goals:</p> <ul style="list-style-type: none"> • Create an accessible continuum of effective services within each community • Deliver quality services • Expand collaboration and integration with physical health services • Increase the count of tobacco compliance checks
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>The programs are evaluated by the data analyses of the DAODAS Management Information System, client data, and prevention data. DAODAS contracts with the Pacific Institute for Research and Evaluation (PIRE) and Mosaix to conduct evaluations.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:

SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

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J200

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37

FORM B – PROGRAM REVISION REQUEST**DECISION PACKAGE****11533***Provide the decision package number issued by the PBF system ("Governor's Request").***TITLE****South Carolina Overdose Prevention Project***Provide a brief, descriptive title for this request.***AMOUNT****\$665,665***What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.***ENABLING AUTHORITY**

The administrative authority established through a cooperative agreement between the Department of Alcohol and Other Drug Abuse Services and the Substance Abuse and Mental Health Services Administration. This award is pursuant to the authority of Section 516 of the Public Health Service Act.

What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST**Mark "X" for all that apply:**

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | (Base Adjustment) Allocation of statewide employee benefits. |
| <input type="checkbox"/> | (Base Adjustment) Realignment within existing programs and lines. |
| <input type="checkbox"/> | (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i> |
| <input type="checkbox"/> | IT Technology/Security related |
| <input type="checkbox"/> | Consulted DTO during development |
| <input type="checkbox"/> | Related to a Non-Recurring request – If so, Decision Package # _____ |
| <input type="checkbox"/> | Change in cost of providing current services to existing program audience. |
| <input type="checkbox"/> | Change in case load / enrollment under existing program guidelines. |
| <input type="checkbox"/> | Non-mandated change in eligibility / enrollment for existing program. |
| <input type="checkbox"/> | Non-mandated program change in service levels or areas. |
| <input checked="" type="checkbox"/> | Proposed establishment of a new program or initiative. |
| <input type="checkbox"/> | Loss of federal or other external financial support for existing program. |
| <input type="checkbox"/> | Exhaustion of fund balances previously used to support program. |

RECIPIENTS OF FUNDS

The South Carolina Overdose Prevention Project will train first responders – along with opioid use disorder patients and their family members – to recognize an opioid overdose and to administer naloxone when overdose occurs. The development of a statewide distribution system will make naloxone available and easily accessible to trained first responders and to at-risk citizens, regardless of their ability to pay for the medication.

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AGENCY CODE:	J200	SECTION:	37

	<p>Funds will go toward the training of first responders and family members, and ultimately toward the training of individuals suffering from opioid abuse.</p> <p><i>What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?</i></p>
ACCOUNTABILITY OF FUNDS	<p>Objective 3.1.1 – <i>To provide leadership in the successful implementation of all prescription drug abuse prevention plans.</i> The request allows DAODAS to contractually partner with DHEC to make naloxone, a drug that reverses opioid overdose, more available and accessible to law enforcement officers and caregivers who can reverse opioid overdoses and save lives.</p> <p><i>What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?</i></p>
POTENTIAL OFFSETS	<p>None</p> <p><i>For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).</i></p>
MATCHING FUNDS	<p>Not Applicable</p> <p><i>Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.</i></p>
FUNDING ALTERNATIVES	<p>Another initiative to reduce overdose mortality involves DAODAS' receipt of a state budget increase to expand access to medication-assisted treatment at funded treatment agencies statewide. However, this is an expansion effort, not an alternative funding source.</p>

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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY

The South Carolina Overdose Prevention Project will train first responders, along with opioid use disorder patients and their family members, to recognize opioid overdose and administer naloxone when overdose occurs. The development of a statewide distribution system will make naloxone available and accessible to trained first responders and to at-risk citizens, regardless of their ability to pay for the medication.

Supporting data for this initiative has been well documented over the past decade. In 2013, State Inspector General Patrick Maley published a report noting that South Carolina ranked 10th highest in opioid painkiller prescriptions per capita. In fiscal year (FY) 2015, state-funded treatment agencies saw 5,370 individuals seeking treatment for an opiate problem, a more than 177% increase in opiate users seeking help from FY2003 to FY2015. Then, from FY2011 through FY2015, South Carolinians made 17,400 visits to emergency departments with an opioid dependency diagnosis. From FY2011 to FY2015, there has been a 103.57% increase in the number of individuals seen for these issues in emergency departments.

The goal of this initiative is to reduce overall mortality related to opioid misuse. The objectives of this initiative are to establish statewide infrastructure for naloxone administration; to increase the number of first responders and community members trained in the administration of naloxone; and to ensure access to naloxone for those individuals seeking treatment who are at risk of opioid overdose for each and every client who wishes to have the drug.

The initiative aims to train all 32 state-funded substance use disorder treatment agencies to expand education and training for first responders to implement an opioid overdose reversal with naloxone before emergency medical technicians arrive at the scene of an incident.

Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

**METHOD OF
CALCULATION**

Not Applicable

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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT

The state will not incur any maintenance-of-effort or other obligations.

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION

The initiative has sufficient funding to sustain the contractual agreements. No other source of funds has been identified and/or obtained.

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT

The goal of this initiative is to reduce the overall mortality related to opioid misuse. The objectives of the initiative are to establish statewide infrastructure for naloxone administration; to increase the number of first responders and community members trained in the administration of naloxone by 25% during each year of the initiative; and to ensure access to naloxone for all individuals seeking treatment who are at risk of opioid overdose.

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

**PROGRAM
EVALUATION**

DAODAS will collaborate with DHEC on the grant activity evaluation tasks, measuring and monitoring all reportable outcomes under the CDC Framework for Program Evaluation in Public Health. The Lead Evaluator's location within DHEC not only offers the staff of this initiative access to data surveillance expertise, but allows for the sensitive, real-time information derived from this project to be closely monitored and sufficiently disseminated. In addition, DHEC staff can provide insight to DAODAS regarding project directions, and for making policy and program decisions.

Performance measures for long-term and short-term outcomes are:

1. Rate of intentional, unintentional, and undetermined intentional opioid overdose (using hospitalization, emergency department, police, or other accessible data);
2. Number of opioid overdose-related deaths;
3. Number of opioid overdose reversals;
4. Number of referrals to substance use disorder treatment services;
5. Number of naloxone kits that reached communities of high need;
6. Number of trainings conducted on opioid overdose death prevention strategies;
7. Number of medical professionals trained on the risks of overprescribing;
8. Number of first responders trained;
9. Number of participants per session by type of participant (substance use disorder treatment provider, family member, law enforcement, emergency medical technician [EMT], etc.);
10. Number of people reporting learning new information or skills as a result of education/training;
11. Number of people reporting using the information/skills learned;
12. Number of people feeling confident in using the skills learned;
13. Number of individuals accurately recognizing overdose symptoms;
14. Number/rate of successful administrations (i.e., person's unresponsiveness and respiratory depression improved), tracked in real time;
15. Number of kits used in each administration and by type of kit (nasal, auto injector, etc.);
16. Total amount of funds spent and percentage of total funds utilized to purchase naloxone products;
17. Number of referrals to kit prescriber or other medical professional post-administration (e.g., to get a replacement prescription or for additional resources);
18. Number of persons administering naloxone by: type (substance use disorder treatment provider, family member, friend, acquaintance, law enforcement, EMT, etc.); demographics (age, race, ethnicity, etc.); number of prior administrations; and census tract;
19. Number of naloxone patients by: location of administration (substance abuse treatment facility, home, street, party, etc.); demographics (age, race, ethnicity, etc.); number of prior administrations; and census tract; and
20. Number of kits distributed by: ZIP Code; request vs. response; household (to identify multiple kits per household); dosage amount; type of recipient (substance abuse treatment provider, family member, law enforcement, EMT, etc.); and type of kit (nasal, auto injector, etc.).

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST**DECISION PACKAGE**

11460

*Provide the decision package number issued by the PBF system ("Governor's Request").***TITLE**

Program Structure Change

*Provide a brief, descriptive title for this request.***AMOUNT**

\$0

*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.***ENABLING AUTHORITY**

Not Applicable

*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.***FACTORS ASSOCIATED
WITH THE REQUEST****Mark "X" for all that apply:**

- ☐ (Base Adjustment) Allocation of statewide employee benefits.
- ☐ (Base Adjustment) Realignment within existing programs and lines.
- ☒ (Base Adjustment) Restructuring of agency programs – *requires pre-approval.*
- ☐ IT Technology/Security related
- ☐ Consulted DTO during development
- ☐ Related to a Non-Recurring request – If so, Decision Package # _____
- ☐ Change in cost of providing current services to existing program audience.
- ☐ Change in case load / enrollment under existing program guidelines.
- ☐ Non-mandated change in eligibility / enrollment for existing program.
- ☐ Non-mandated program change in service levels or areas.
- ☐ Proposed establishment of a new program or initiative.
- ☐ Loss of federal or other external financial support for existing program.
- ☐ Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS

Not Applicable

What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	Objectives include: 2.1.3, 2.2.1, 2.2.2, 3.4.1, 3.4.2, 3.4.4, 3.4.5, and 3.4.6.
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	Not Applicable
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	Not Applicable
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	Not Applicable
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY

The Program Structure change afforded the opportunity to correctly align the agency with its current organizational chart and to promote specialization of functions to better serve the citizens of South Carolina. The restructuring of the agency's programs included the development of a Health Integration and Innovation division and the transition of our Information Technology section into an independent division. Both divisions have evolved into vital, distinctive components of the agency.

The Division of Health Integration and Innovation is focused on building partnerships between local substance use disorder treatment providers and physical healthcare providers in their communities; supporting clinical treatment initiatives through the use of implementation science; and carrying out broad agency data collection, analysis, and evaluation with the goal of improving programs. Staff members in this division include the Director and Assistant Director of the five-year SAMHSA/CSAT-funded SC SBIRT (Screening, Brief Intervention, and Referral to Treatment) cooperative agreement and three employees comprising the agency's Research and Evaluation Section. In addition, the division manager is the lead coordinator of a statewide clinical initiative aimed at bringing a unified understanding of the disease of addiction to addiction counselors and ensuring ongoing refinement of these counselors' clinical skills through the use of implementation science.

The DAODAS Division of Information Technology (IT) selects, tests, configures, deploys, and tracks usage of every piece of agency IT equipment – servers, desktop computers (both Windows and Mac operating systems), laptops, tablets, smartphones, printers, and more. This division originates governance and compliance policies in harmony with federal and state IT policies. Additional responsibilities include staying current on best practices and implementing appropriate practices; providing and maintaining a rack of Windows servers, including critical database servers and security devices; and working with outside vendors to create and modify software as needed. Through mobile-device management, the IT division accounts for the agency's fleet of Apple devices and keeps them in compliance with relevant policies and procedures. IT staff also manage the agency's software-licensing and hardware-maintenance contracts, as well as provide a responsive helpdesk.

Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES		
AGENCY CODE:	J200	SECTION:	37

METHOD OF CALCULATION	Not Applicable
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	Not Applicable
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	Not Applicable
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	Not Applicable
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

AGENCY NAME:	SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES		
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PROGRAM EVALUATION	<p>Not Applicable</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	South Carolina Department of Alcohol and Other Drug Abuse Services		
AGENCY CODE:	J200	SECTION:	Section 37

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	<div style="border: 1px solid black; padding: 2px;">11536</div> <i>Provide the decision package number issued by the PBF system ("Governor's Request").</i>														
TITLE	<div style="border: 1px solid black; padding: 2px;">Infrastructure Improvements / Substance Abuse Provider System</div> <i>Provide a brief, descriptive title for this request.</i>														
AMOUNT	<div style="border: 1px solid black; padding: 2px;">\$3,000,000 (Non-Recurring for 3 Years)</div> <i>How much is requested for this project in FY 2017-18?</i>														
BUDGET PROGRAM	<div style="border: 1px solid black; padding: 2px;">Part IA - DAODAS, Section 37, II – Finance and Operations, Special Projects</div> <i>Identify the associated budget program(s) by name and budget section.</i>														
FACTORS ASSOCIATED WITH THE REQUEST	<div style="border: 1px solid black; padding: 5px;"> <p>Mark "X" for all that apply:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td><td>IT Technology/Security related</td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td>Consulted DTO during development</td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td>Related to a Recurring request – If so, Decision Package # _____</td></tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Capital Request</td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td>Included in CPIP – If so, CPIP Priority # _____</td></tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Non-recurring request for funding</td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td>Non-recurring request for authorization to spend existing cash/revenue</td></tr> </table> </div>	<input type="checkbox"/>	IT Technology/Security related	<input type="checkbox"/>	Consulted DTO during development	<input type="checkbox"/>	Related to a Recurring request – If so, Decision Package # _____	<input checked="" type="checkbox"/>	Capital Request	<input type="checkbox"/>	Included in CPIP – If so, CPIP Priority # _____	<input checked="" type="checkbox"/>	Non-recurring request for funding	<input type="checkbox"/>	Non-recurring request for authorization to spend existing cash/revenue
<input type="checkbox"/>	IT Technology/Security related														
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<input checked="" type="checkbox"/>	Capital Request														
<input type="checkbox"/>	Included in CPIP – If so, CPIP Priority # _____														
<input checked="" type="checkbox"/>	Non-recurring request for funding														
<input type="checkbox"/>	Non-recurring request for authorization to spend existing cash/revenue														
SUMMARY	<div style="border: 1px solid black; padding: 10px;"> <p>Funds for infrastructure improvement have been, on occasion, provided through DAODAS to the county alcohol and drug abuse authorities for infrastructure improvements. DAODAS received \$3 million in Fiscal Year (FY) 2017 to begin infrastructure improvement across its local provider system, funding 13 projects in full or in part.</p> <p>As with any service system, attention must be paid to infrastructure needs – elements that undergird its operational objectives. As time has passed, the pursuit of expansion, the changing economy, the changing healthcare system, and changes in public administration of the system have caused an erosion of state block grant funding and other base funding sources that has ultimately led to a service system stretched to meet basic infrastructure needs, including facility management.</p> <p>Coupled with changing demands and requirements for accountability of the expenditure of public funds, the local provider system must meet ever-increasing demands to show positive outcomes and human capital investment, as well as to keep abreast of the changing technology and program advances in the field of addictions.</p> <p>The quality of county authority infrastructure is a factor in the level of access, engagement, and duration of treatment. DAODAS has launched an initiative to improve system infrastructure. This plan reflects an overall priority focus on the more rural</p> </div>														

AGENCY NAME:	South Carolina Department of Alcohol and Other Drug Abuse Services		
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	<p>providers, and within that focus, those with higher levels of need as indicated by both health status factors and substance use disorder prevalence indicators. Distribution of the funds is also determined through predetermined eligibility criteria, including demographic and physical plant indicators.</p> <p>Funding priorities also consider urgency as reflected by critical timing or quality issues such as DHEC, CARF, or ADA issues. Additional weight will be given to “shovel readiness” and, in certain cases, to the availability of local matching funds.</p>
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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.

CLASSIFICATION OF FUNDS	<p>This is a non-recurring request (to be made annually for three years). This is the second year of the request. The department was funded at \$3,000,000 for FY2017.</p>
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency’s CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	<p>There are no slated matching federal, institutional, philanthropic, or other resources identified. However, county alcohol and drug abuse authorities may have matching funds available, which are priority criteria for award.</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	<p>County alcohol and drug abuse authorities may have fund balances available on a case-by-case basis to assist in infrastructure improvement.</p>
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What other possible funding sources were considered?

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LONG-TERM PLANNING AND SUSTAINABILITY	<p>On occasion, funds have been provided in the annual appropriation bill in the non-recurring proviso (Part IB, Section 118) for infrastructure improvements for certain county alcohol and drug abuse authorities. In the 2015/2016 Appropriations Bill, \$2,250,000 was provided. In FY2017, \$3,000,000 was provided through the Capital Reserve Act. It is the intent of DAODAS to request similar amounts of non-recurring funds over a three-year period to address needs statewide. This is the second year of the request.</p>
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	<p>None</p>
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

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FORM D – PROVISO REVISION REQUEST

NUMBER	Proviso 3.3 <i>Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").</i>
TITLE	(LEA – Lottery Funding) <i>Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.</i>
BUDGET PROGRAM	Services – 35010000 – Personnel (501070) & Operating (512001) Finance & Operating – 05010000 –Allocation Entities (517076) & Contractual Services (512001) <i>Identify the associated budget program(s) by name and budget section.</i>
DECISION PACKAGE	No <i>Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.</i>
REQUESTED ACTION	Amend <i>Choose from: Add, Delete, Amend, or Codify.</i>
OTHER AGENCIES AFFECTED	None <i>Which other agencies would be affected by the recommended action? How?</i>
SUMMARY	<p>Section 59-150-230(l) of the South Carolina Education Lottery Act directs that a portion of unclaimed prize money – to be determined through the annual appropriations process – be appropriated to DAODAS for the prevention and treatment of compulsive gambling and educational programs related to gambling disorders. These activities are to include a gambling "hotline," prevention programming, and the implementation of mass communication efforts.</p> <p>DAODAS Proviso 3.6 of Part 1B of Act 284, the FY2017 General Appropriations Act, positions DAODAS as the primary resource for services related to compulsive gambling and directs the department to provide information, education, and referral services to its local provider network for a comprehensive system of problem and pathological gambling. (Note: The renumbered proviso for FY2017 is 3.3.)</p>

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

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EXPLANATION

DAODAS contracts with the county alcohol and drug abuse authorities created under Act 301 to providing gambling treatment services for problem and pathological gamblers. In addition, the agency, per state law, is directed to run a 24/7 gambling hotline, provide crisis support, and use media outlets to create mass communication efforts. DAODAS requests this appropriation per state law.

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

Other Funds: \$50,000

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:

South Carolina Department of Alcohol and Other Drug Abuse Services

AGENCY CODE:

J200

SECTION:

Section 37

**PROPOSED
PROVISO TEXT**

3.6. (LEA: FY 2016-17 Lottery Funding) There is appropriated from the Education Lottery Account for the following education purposes and programs and funds for these programs and purposes shall be transferred by the Executive Budget Office as directed below. These appropriations must be used to supplement and not supplant existing funds for education.

The Executive Budget Office is directed to prepare the subsequent Lottery Expenditure Account detail budget to reflect the appropriations of the Education Lottery Account as provided in this section.

All Education Lottery Account revenue shall be carried forward from the prior fiscal year into the current fiscal year including any interest earnings, which shall be used to support the appropriations contained below.

For Fiscal Year 2016-17, funds certified from unclaimed prizes are appropriated as follows:

- (1) Department of Education--School Bus Lease/Purchase \$ 3,500,000;
- (2) ~~{6}~~ Department of Alcohol and Other Drug Abuse Services--
Gambling Addiction Services \$ 50,000;
- (~~2~~ 3) State Board for Technical and Comprehensive Education--
Workforce Scholarships/Grants \$ 1;
- (~~3~~ 4) South Carolina State University \$ 2,500,000;
- (~~4~~ 5) Commission on Higher Education--Higher Education
Excellence Enhancement Program \$ 5,504,999;
- (~~5~~ 6) Commission on Higher Education--National Guard Tuition
Repayment Program as provided in Section 59-111-75 \$ 4,545,000;
- ~~(6) Department of Alcohol and Other Drug Abuse Services--~~
~~Gambling Addiction Services \$ 50,000;~~
- (7) School for the Deaf and the Blind--Technology \$ 200,000; and
- (8) State Library--Aid to County Libraries \$ 1,700,000.

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	11539 <i>Provide the decision package number issued by the PBF system ("Governor's Request").</i>
TITLE	Agency General Fund Reduction Analysis <i>Provide a brief, descriptive title for this request.</i>
AMOUNT	-\$259,534 <i>What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.</i>
METHOD OF CALCULATION	<p>In an effort to equally distribute the reduction, if required, the agency would utilize the methodology of a three percent (3%) decrease of the General Fund allocated to DAODAS, as well as the allocation to the county alcohol and drug abuse authorities. The Medicaid Match – amounting to \$1,915,902 – would be excluded from the calculation to comply with the Medicaid Match Transfer Proviso 37.3.</p> <p><i>Describe the method of calculation for determining the reduction in General Funds.</i></p>
ASSOCIATED FTE REDUCTIONS	<p>The agency has elected to reduce funding allocated to operating expenses and contractual to minimize the effect on personnel costs. Therefore, we do not anticipate a reduction in the number of FTEs.</p> <p><i>How many FTEs would be reduced in association with this General Fund reduction?</i></p>
PROGRAM/ACTIVITY IMPACT	<p>The General Fund is associated with every facet of the agency. To minimize the effect on personnel, reductions would be taken from expenditure categories such as operating, supplies, and training, with limited reductions (if any) in our treatment, prevention, and intervention services provided by the county alcohol and drug abuse authorities.</p> <p><i>What programs or activities are supported by the General Funds identified?</i></p>

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SUMMARY

If the 3% General Fund reduction is mandated, DAODAS' decrease would total \$259,534. The following categories of expenditures would be impacted:

- DAODAS Operating, listed under commitment item (512001), which includes monthly expenses incurred for doing business such as postage, copiers, and supplies. In addition, contractual services and training are identified as possible areas of reduction.
- The county alcohol and drug abuse authorities' portion of the reduction totals \$228,972 and will be divided equally among the local agencies (for a minimum reduction of \$7,155.37).

Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.

South Carolina Department of Alcohol and Other Drug Abuse Services Other Information

Medication-Assisted Treatment

Current State of the Opioid Problem

Statewide, the number of admissions for treatment-related opioid use disorder at state-funded agencies continues to increase, as does the number of emergency department discharges related to opioid dependency and opioid overdose. Additionally, more opioid overdose deaths are occurring, and state agencies are identifying more deaths previously overlooked, as well as other indicators of the previously unrecognized opioid problem. In 2015, 8,687 South Carolinians sought help for a problem with opiates at a state-funded agency. In that year, 594 South Carolinians were lost to opioid related death.

DAODAS Response

Medication-assisted treatment (FDA-approved medication, in combination with evidence-based counseling therapy) is highly effective at treating and managing opioid use disorder.

Medications proven to effectively treat opioid use disorder in conjunction with psychosocial therapies include methadone, buprenorphine, and naltrexone.

As per recommendation of the federal Substance Abuse and Mental Health Services Administration and the Governor's Prescription Drug Abuse Prevention Council, and with support of the General Assembly, DAODAS is increasing South Carolina's capacity to treat individuals and families, so that every person in our state who struggles with opioid use has every option available to them to successfully reach recovery.

Early expansion of medication-assisted treatment services has been targeted toward geographic areas of highest need. Those areas have been identified based on county-level data that determines prevalence of morbidity and mortality related to opioid use disorder.

To date, 11 treatment agencies have received technical and financial assistance either to increase staff to include physicians, pharmacists, case managers, and peer support specialists; and/or they have received assistance to develop agreements, policies, and procedures for partnerships with local healthcare provider agencies that deliver medical services related to medication-assisted treatment.

DAODAS, as a payer of last resort, is reimbursing the costs of medications and the directly related ancillary medical services for patients who are uninsured, ineligible for Medicaid, and unable to pay, and are receiving services at any county alcohol and drug abuse authority.

South Carolina Overdose Prevention Project

Opioid use is associated with increased mortality. The leading causes of death in individuals using opioids for non-medical purposes are overdose and trauma.

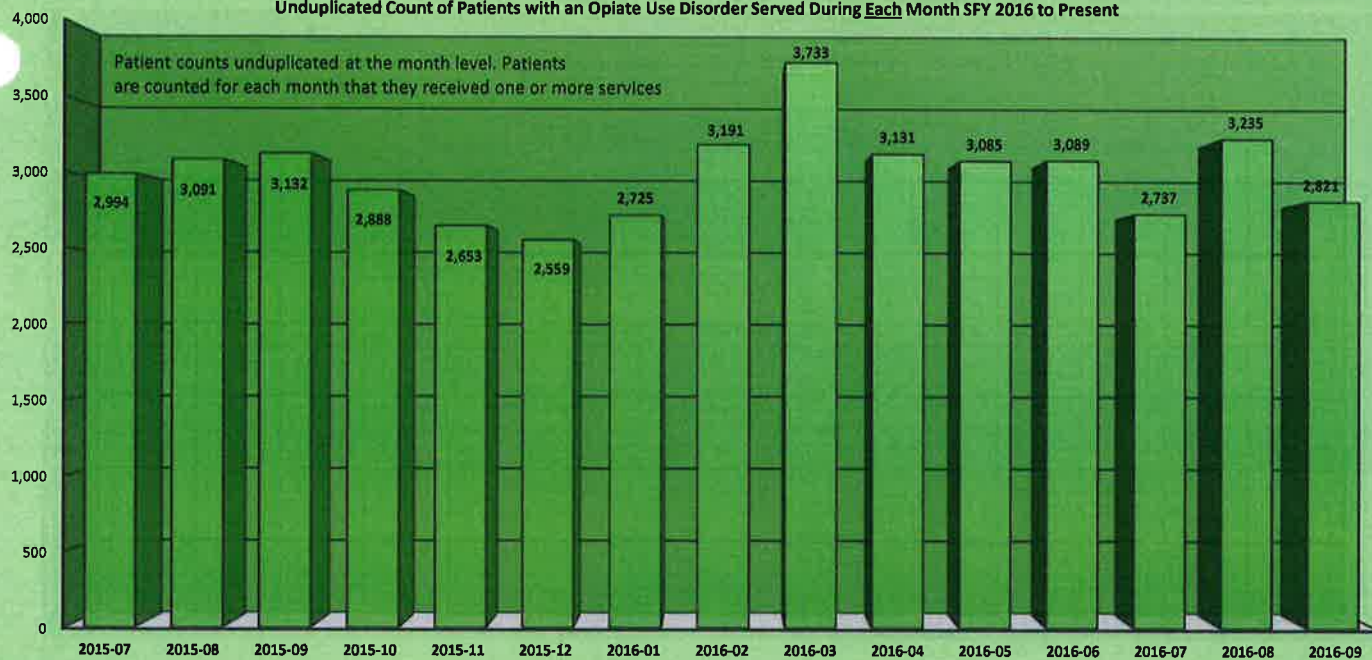
The goal of this initiative is to reduce the overall mortality related to opioid misuse. The objectives of the project are to establish statewide infrastructure for naloxone administrations, increase the number of first responders and at-risk citizens trained in the administration of naloxone by 25% each year of the grant, and ensure access to naloxone for those individuals seeking treatment who are at risk of opioid overdose, regardless of their ability to pay.

Fifteen high-need counties were identified through review of data and chosen based on specific data indicators. Law enforcement agencies in jurisdictional areas with high rates of overdoses will be prioritized for training. First responder trainings will be conducted by lead staff working in the Department of Health and Environmental Control (DHEC)'s Bureau of Emergency Medical Services and the Fifth Judicial Circuit Solicitor's Office. The law enforcement officers will be able to possess and administer the overdose antidote purchased by the state. Additional counties will be identified and trained in future years.

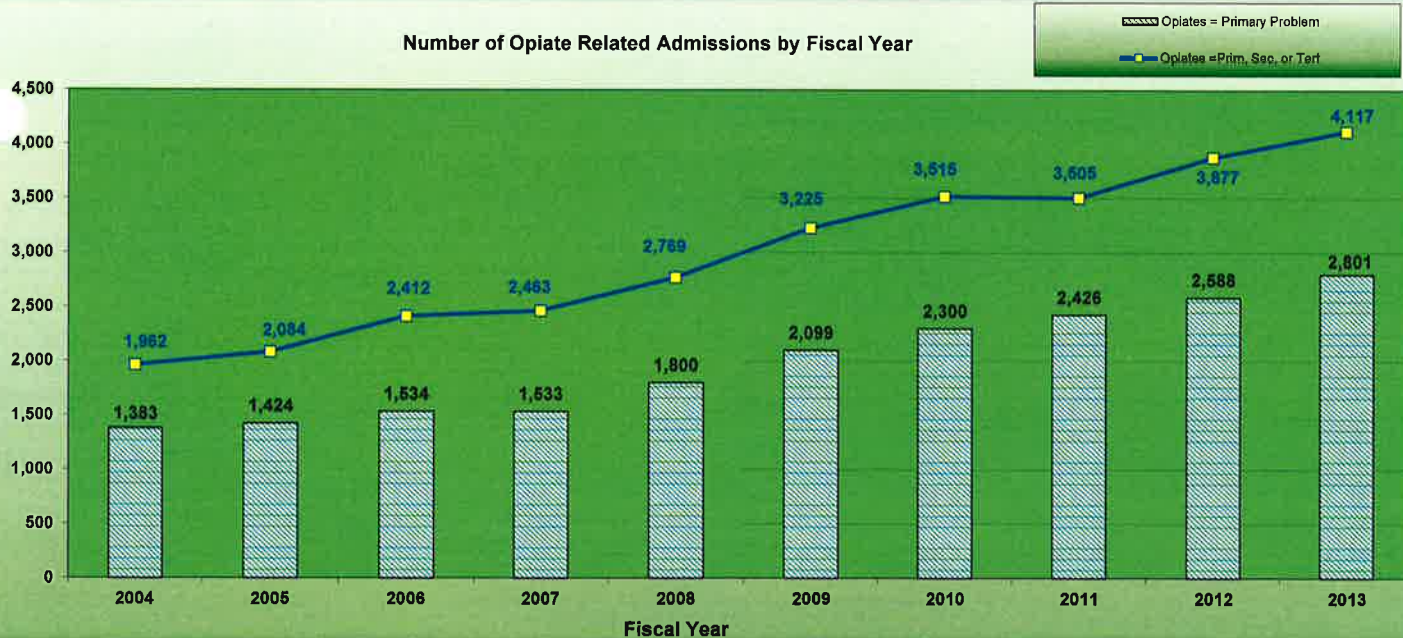
As of December 1, 2016, 885 law enforcement officers at 24 agencies in nine counties had been trained on overdose prevention and naloxone administration. Since June 2016, 11 South Carolinians had been rescued by law enforcement officers.

Beginning in January 2017, DAODAS will provide training to staff working in the state-funded substance use disorder treatment agencies in high-need counties before expanding to all agencies statewide. Treatment staff will then train patients who have used opioids and their caregivers on overdose prevention and naloxone administration. Once trained, patients and caregivers unable to pay for the drug will be given access to state-purchased naloxone at their local DHEC public health clinic made available through a DAODAS and DHEC partnership.

Unduplicated Count of Patients with an Opiate Use Disorder Served During Each Month SFY 2016 to Present



Number of Opiate Related Admissions by Fiscal Year



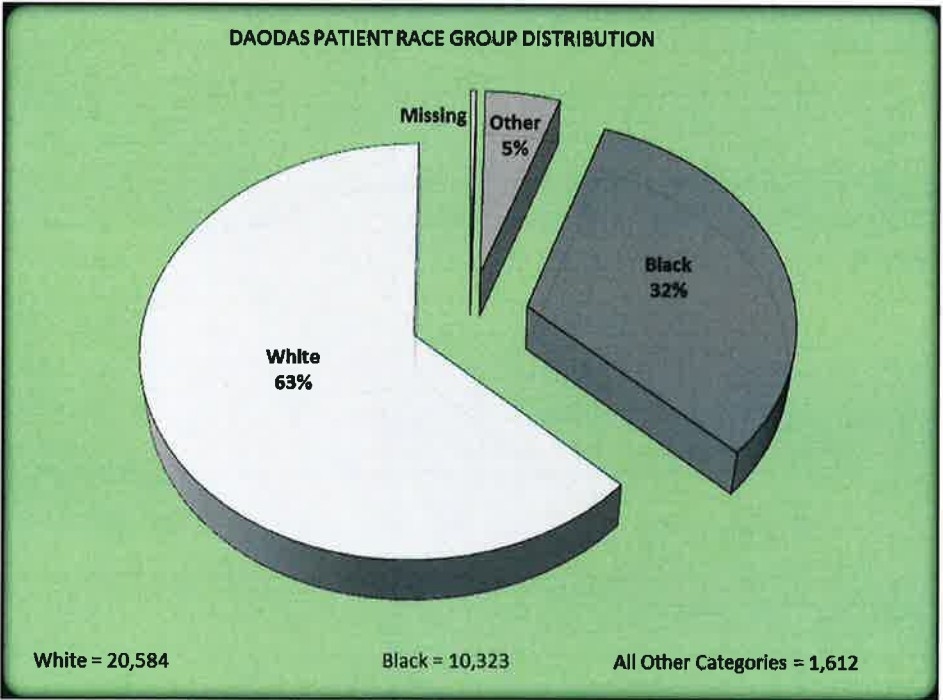
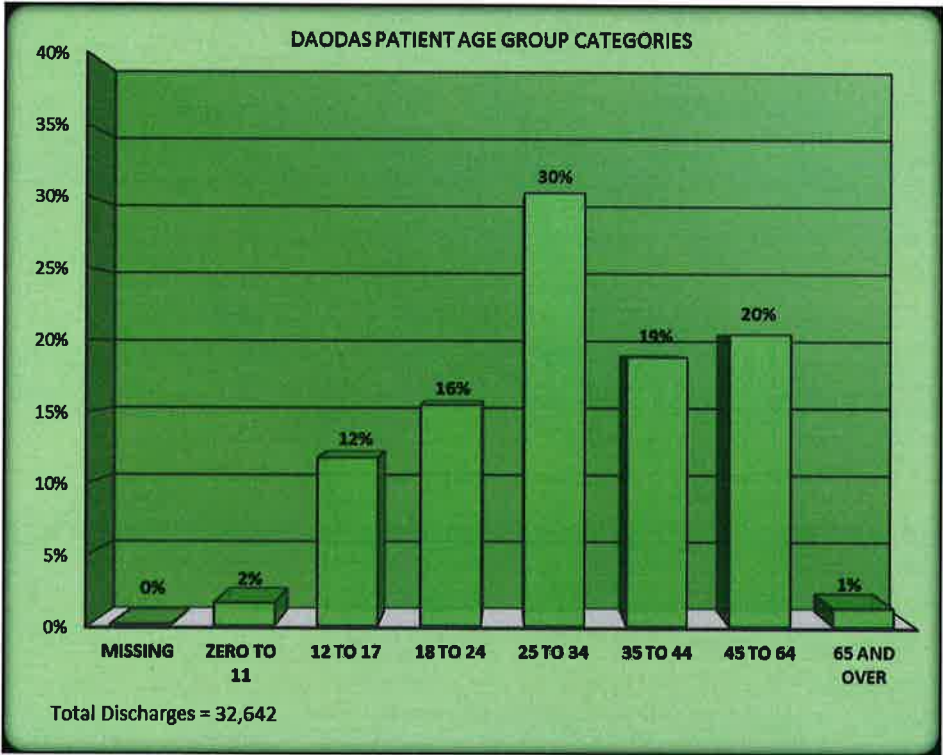
Death Rate per 100,000 Population

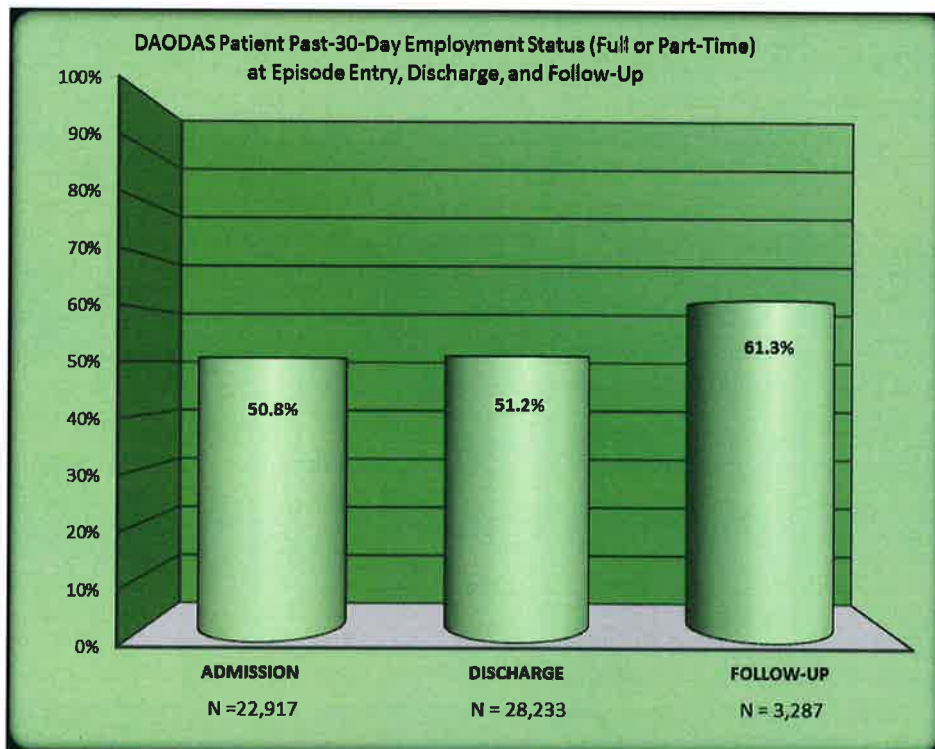
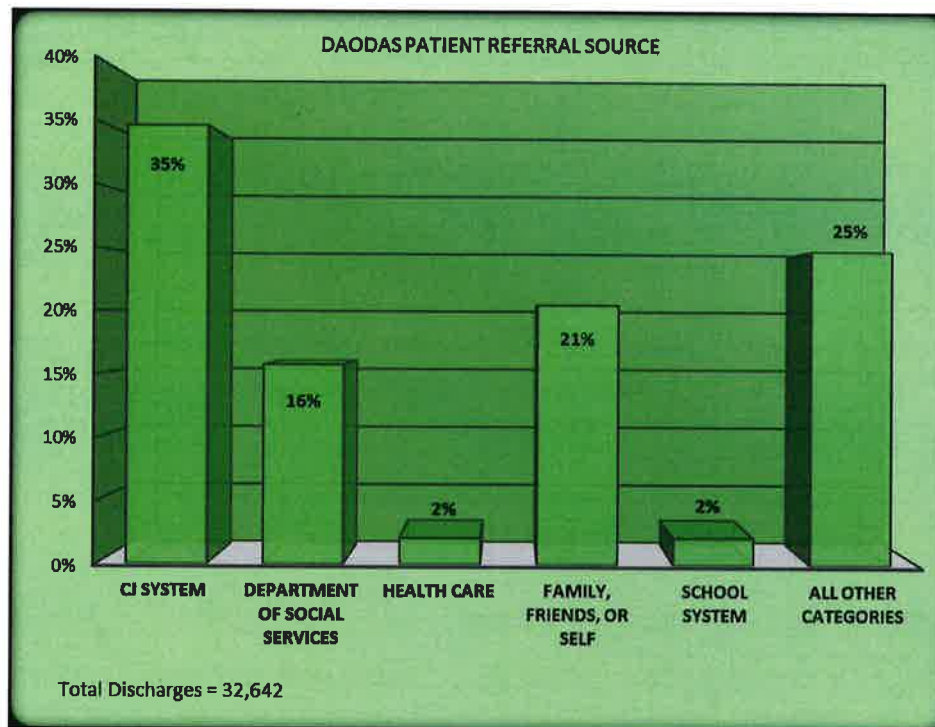
- 0 ≤ 8.00
- 8.00 ≤ 14.99
- 15.00 ≤ 26.00

County	Death Rate per 100,000 Population
Adams	1
Albany	1
Albermarle	1
Anderson	31
Beaufort	5
Berkley	15
Barnwell	3
Bamberg	1
Calhoun	0
Charleston	49
Cherokee	3
Chester	1
Chesterfield	2
Chatham	1
Clarendon	1
Columbia	0
Darlington	6
Dillon	0
Dorchester	25
Edgefield	2
Fairfield	3
Florence	15
Georgetown	10
Greenville	74
Hampton	0
Hancock	0
Horry	74
Jasper	4
Kershaw	6
Laurens	8
Lexington	37
Lincoln	0
Lancaster	4
Marion	6
Marlboro	1
McCormick	0
Mecklenburg	0
MitCHELL	0
Monroe	0
Muskegetown	0
Newberry	0
Orangeburg	6
Oconee	13
Pickens	27
Richland	34
Saluda	0
Spartanburg	51
Sumter	5
Union	3
York	28

75

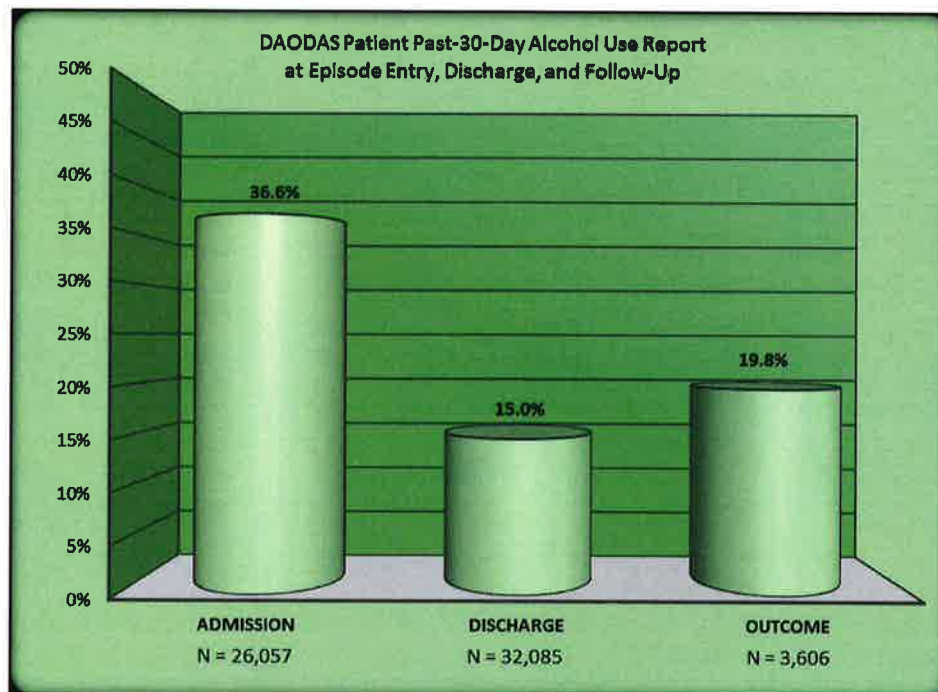
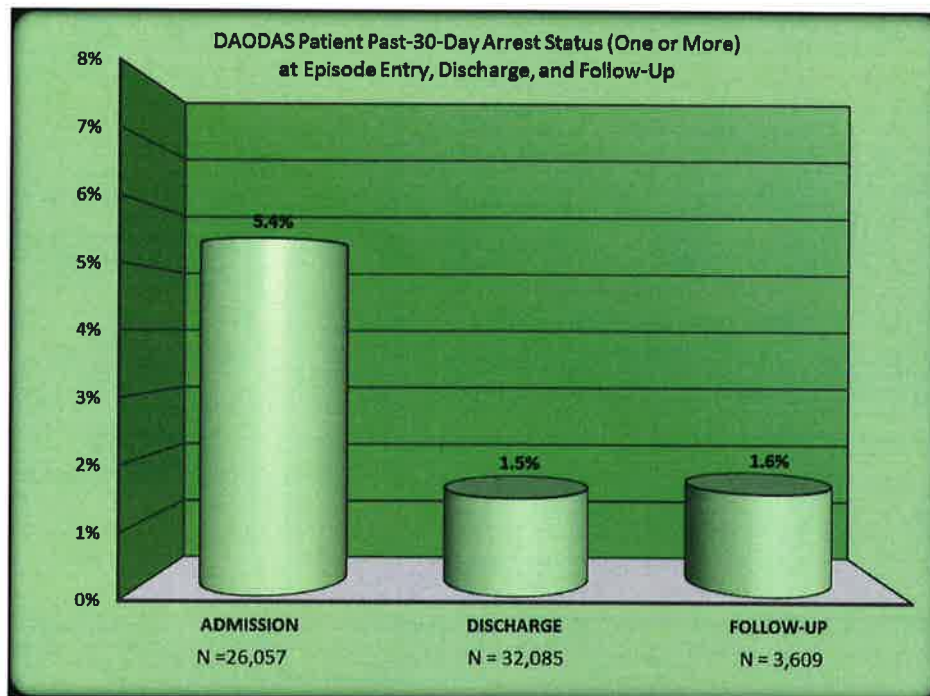
General Treatment Data

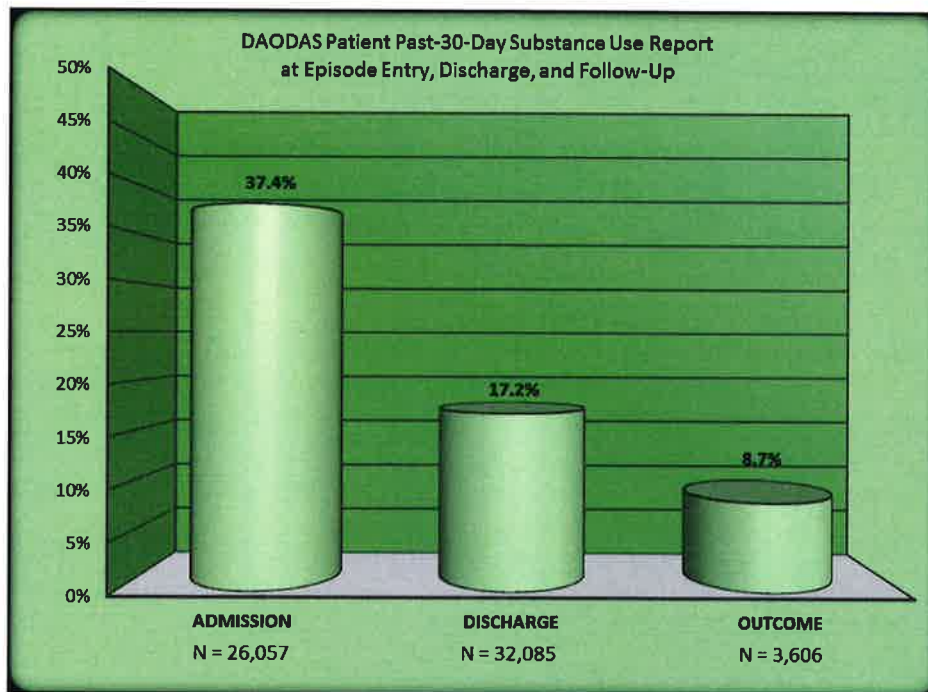




Additional Details

*Past-30-Day Employment Status limited to clients 18 and older
Excludes 4,409 clients or 13.5% of all discharged clients*





Additional Details

*Past-30-Day Arrest, Alcohol Use, and Substance Use outcomes limited to patients 12 and older
Excludes 557 clients or 1.7% of all discharged clients*

